DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2027

Administration for Strategic Preparedness and Response

Justification of Estimates for Appropriations Committee

Message from the Acting Assistant Secretary

I am pleased to present the Fiscal Year (FY) 2027 Congressional Justification for the Administration for Strategic Preparedness and Response (ASPR). The FY 2027 President's Budget Request directly supports ASPR's mission to help the country prepare for, respond to, and recover from public health emergencies and disasters.

ASPR leads the development, acquisition, and stockpiling of medical countermeasures needed during public health emergencies. ASPR's Biomedical Advanced Research and Development Authority (BARDA) will work with both public and private sector partners to support the advanced research, development, regulatory approval, and procurement of life-saving medical products that are known collectively as medical countermeasures (MCMs). BARDA's advanced research and development program bridges gaps in national preparedness that no other federal agency does: the late stages of development necessary to reach licensure of medical products that address chemical, biological, radiological, and nuclear threats (CBRN) threats, emerging infectious diseases, pandemic influenza, and the growing public health threat of antimicrobial resistance. To date, BARDA's efforts have led to 109 FDA licensures, approvals, and clearances of MCMs. Through investments in innovation, future products developed by BARDA have the potential to revolutionize emergency response and basic health care for all Americans. Having medical countermeasures ready in a public health crisis requires long-range investment in the research and development of highly specialized products.

It is not enough to research and develop these products, we must ensure they are manufactured and stockpiled so they are ready to deploy when needed. To strengthen this MCM continuum, ASPR's Center for Industrial Base Management and Supply Chain (IBMSC) will continue to ensure that critical supplies are manufactured in the United States. IBMSC will continue to support efforts under Executive Order 14293 "Regulatory Relief to Promote Domestic Production of Critical Medicines" and Executive Order 14336 "Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredient Reserve." The budget also maintains the Strategic National Stockpile (SNS), to ensure MCMs and other supplies are stockpiled and ready for deployment.

ASPR will seek to eliminate Federal-State redundancies in preparedness and response, while ensuring Americans are protected against both natural and artificial health threats. Efforts will support Executive Order 14239, "Achieving Efficiency through State and Local Preparedness."

Given the significant work for which ASPR is responsible, I am pleased to present the discretionary FY 2027 President's Budget request for ASPR which is $3,337,069,000.

/s/

John Knox
Principal Deputy Assistant Secretary for
Preparedness and Response

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Section I: EXECUTIVE SUMMARY

Introduction and Mission

The Administration for Strategic Preparedness and Response's (ASPR) mission is to strengthen national security by preparing for, responding to, and recovering from disasters and public health emergencies. These threats include natural disasters, emerging infectious diseases, and man-made threats from chemical, biological, radiological, and nuclear (CBRN) agents. ASPR coordinates across the Department of Health and Human Services (HHS) and the Federal interagency to support state, local, territorial, and tribal (SLTT) health partners in preparing for and responding to emergencies and disasters.

The ASPR serves as the principal advisor to the HHS Secretary on public health and medical emergency preparedness and response, including incidents covered by the National Response Framework (NRF). ASPR takes a collaborative approach to the Department's preparedness, response, and recovery responsibilities by working with HHS Operating Divisions and Staff Divisions to coordinate preparedness and response activities. In addition, ASPR has operational responsibilities for the advanced research development, procurement, and stockpiling of medical countermeasures (MCMs) as well as the coordination of the Federal public health and medical response to emergencies and disasters.

A strong public health and medical infrastructure, complimented by federal resources and capabilities that aid in quickly mobilizing a coordinated national response, mitigates the impacts from natural disasters, emerging infectious diseases, and man-made attacks. ASPR programs support these critical missions and are essential to save lives and protect all Americans.

Overview of Budget Request

The FY 2027 President's Budget request for the Administration for Strategic Preparedness and Response (ASPR) is $3,337,069,000, which is a decrease of -$355,528,000 below FY 2026. Programmatic increases and decreases are relative to FY 2026 Enacted made comparable to the FY 2027 President's Budget.

Programmatic Increases

Program Management and Operations (newly proposed budget line, $289.800 million total): The President's Budget includes Program Management and Operations (PMO) to consolidate salaries and central costs for ASPR programs, except the National Disaster Medical System (NDMS) and Health Care Readiness and Recovery (HCRR) programs, to support increased coordination, efficiency, and oversight. The funding also includes activities previously funded under Administration for Strategic Preparedness and Response (ASPR) Operations, Policy and Planning, and Preparedness and Emergency Operations in prior budgets.

The Budget requests an additional +$10 million for NSSE, which would bring the total funding to $15 million. Additional funding is needed to support growing non-Stafford Act response activities. In FY 2027, ASPR anticipates higher costs for support to the Summer Olympics.

Pandemic Preparedness and Biodefense (increase of +$324.593 million, $327.000 million total): The President's Budget request supports the operation and maintenance costs related to the Strategic Active Pharmaceutical Ingredient (API) Reserve (SAPIR). This effort supports Executive Order 14293 "Regulatory Relief to Promote Domestic Production of Critical Medicines" and Executive Order 14336 "Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredient Reserve." The budget also proposes to modify the funding availability from two-year to no-year.

Programmatic Decreases

Advanced Research and Development (decrease of -$289.983 million, $654.411 million total): The President's Budget request supports funding for the advanced research and development of the highest priority MCMs against all 17 material threats identified by the Department of Homeland Security (DHS) and prioritized in the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Strategy and Implementation Plan.

Health Care Readiness and Recovery (decrease of -$277.281 million, $29.774 million total): The Budget proposes to eliminate funding for the Hospital Preparedness Program (HPP), Regional Disaster Health Response System (RDHRS), and other programs supported by Health Care Readiness and Recovery (HCRR) funds. Funding for the National Special Pathogen System (NSPS) is decreased by -$0.5 million for a total of $28 million. These changes were also proposed in the FY 2026 President's

Budget. The Budget does not include funding for Trauma Care, which was newly funded in FY 2026. The Budget reprioritizes funding for critical preparedness and response capabilities.

Project BioShield (decrease of -$125 million, $725 million total): The President's Budget request supports procurement of the highest priority MCMs against all 17 material threats identified by DHS and prioritized in the PHEMCE Strategy and Implementation Plan. This change was also proposed in the FY 2026 President's Budget.

Strategic National Stockpile (flat with FY 2026, $938.189 million total): The request proposes to consolidate SNS Federal salaries and expenses into the proposed Program Management and Operation (PMO), maintaining the overall level with FY 2026. The Budget aligns Strategic National Stockpile (SNS) funding to the highest priority sustainment activities, critical for the protection of Americans across SNS's threat portfolios.

Operations (program consolidation): The request proposes to consolidate Operations activities into the proposed Program Management and Operation (PMO). This change was also proposed in the FY 2026 President's Budget.

Preparedness and Emergency Operations (program consolidation): The request proposes to consolidate Preparedness and Emergency Operations (PEO) activities into the proposed Program Management and Operation (PMO). This change was also proposed in the FY 2026 President's Budget.

Policy and Planning (program consolidation): The request proposes to consolidate Policy and Planning activities into the proposed Program Management and Operation (PMO). This change was also proposed in the FY 2026 President's Budget.

National Disaster Medical System (decrease of -$12 million, $64.904 million total): The request supports the highest priority, Federal response efforts. This effort supports Executive Order 14239, "Achieving Efficiency through State and Local Preparedness." This change was also proposed in the FY 2026 President's Budget.

Medical Reserve Corps (decrease of -$6.240 million, program elimination): The request proposes to sunset the Medical Reserve Corps program. This elimination was also proposed in the FY 2026 President's Budget.

Preparedness and Response Innovation (decrease of -$4 million, program elimination): The request proposes to sunset the Preparedness and Response Innovation (PRI) program and re-direct resources to the highest ASPR priorities.

Overview of Performance

The Administration for Strategic Preparedness and Response (ASPR), within the Department of Health and Human Services (HHS), supports the Administration's Make America Healthy Again (MAHA) initiative. This is achieved by strengthening the nation's ability to prevent, prepare for, respond to, and recover from health threats that impact the well-being of all Americans. ASPR advances MAHA policies, practices, and programs grounded in science and innovation. To ensure these efforts deliver meaningful results, ASPR continuously assesses program effectiveness and efficiency by utilizing data, stakeholder feedback, and the results from performance metrics to drive improvement and achieve the most critical health outcomes for the nation.

ASPR's performance management framework is responsive to the current Administration's priorities, Executive Orders (EO), and to the guidance of the HHS Secretary. Such responsiveness is seen in ASPR's contribution to the HHS FY 2026 Annual Performance Plan (APP) and other requirements found in OMB Circulars A-123 and A-11, the Evidence Act, and the Government Performance and Results Act (GPRA) Modernization Act of 2010. ASPR's performance management activities are linked to the organization's risk management activities in ways that address the complex challenges associated with advancing the well-being of Americans. ASPR has recently released a new agency Strategic Plan[1] which includes five goals and corresponding actions to leverage existing resources and capabilities in ways that strengthen ASPR's investments in its critical preparedness, response, and recovery mission. The ASPR Strategic Plan provides a unifying framework for implementing these activities and measuring progress in achieving the overarching goals.

To implement the vision of a nation prepared, ASPR's Strategic Plan focuses on actions and ongoing assessments of progress. The priorities in the FY 2026 budget request informed the development of the Strategic Plan to ensure alignment, accountability, and transparency across ASPR budget documents. For example, many of the Strategic Plan's actions correspond to the data found in the budget's Key Outputs and Outcomes tables, ensuring that implementation is synchronized across the organization.

ASPR uses practical, hands-on processes to identify risks, address them, and report on how well its internal controls are working. This includes regularly collecting, reviewing, and sharing information about risks and performance to improve programs. By incorporating this information into everyday work, ASPR is able to respond quickly to emerging health threats and challenges and use resources more effectively and efficiently.

ASPR oversees the procurement of medical countermeasures (MCMs) for storage and deployment by the Strategic National Stockpile (SNS) to be used during a public health emergency or disaster. The supplies, medicines, and devices for lifesaving care contained in the SNS can be used as a short-term, stopgap buffer when the immediate supply of these materials may not be available or sufficient.

[1] https://aspr.hhs.gov/StratPlan/Pages/default.aspx

SNS's performance data results meet or exceed all targets, including demonstrating that the inventory is accurate, that the response rate of recall is maintained, and that SNS participants are trained and responsive. SNS has consistently demonstrated one hundred percent safety and efficacy of medical supplies in the SNS inventory and near perfect accuracy of their quality inventory management systems. Supporting these efforts, SNS works closely with State, Local, Tribal, and Territorial (SLTT) partners to strengthen their capacity to respond to public health emergencies that could require MCMs. These efforts are in line with EO 14239 "Achieving Efficiency through State and Local Preparedness."

The National Disaster Medical System (NDMS) is the only federal resource trained and ready to support communities during and after disasters. NDMS provides expert public health technical assistance before and during disasters. NDMS deploys federal, fatality management, and veterinarian care professionals to communities in need. NDMS also provides equipment to augment local surge requirements and to support public health recovery and mitigation. As of August 2025, and only for FY 2025, NDMS activated nine (9) National Security Special Events (NSSEs) and four (4) disaster incidents, including the DCA plane crash, 2025 Palisades/Eaton Fire, Hurricane Erin, and the 2025 Centers for Disease Control and Prevention active shooter. NDMS deployed nearly 1,150 response staff in support of the NSSEs. NDMS uses data to continually improve the care provided and is in the process of reviewing the best metrics to report within ASPR's annual budget.

The HHS emPOWER Program[2] harnesses the power of federal health data, artificial intelligence, and federal-to-community level partnerships to help mitigate health care system surges, promote continuity of care, and protect the health of over 4.5 million at-risk individuals. emPOWER's data-driven tools are readily meaningful, consumable, and actionable in ways that help state, local, and federal partners to assess risk and save lives prior to, during, and after hundreds of disasters and emergencies nationwide. As part of life-saving activities across the country, in FY 2025, over 25,900 individuals used the HHS emPOWER Map, and partners accessed the HHS emPOWER REST Service over 1.4 million times. This totals over 3.5 million de-identified data uses since the program's launch. Additionally, over 14,400 individuals accessed the HHS emPOWER Program Platform in FY 2025, and users downloaded informational resources over 4,400 times to inform their state and local emergency management activities. These resources include training and technical assistance[3], informational resources[4], and stories from the field via emPOWER in Action[5].

ASPR's Center for Industrial Base Management and Supply Chain (IBMSC) continues to support implementation of EO 14336 "Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredients Reserve (SAPIR)." Not only have the most critical drugs been identified by clinicians, manufacturers, interagency partners, as well as HHS and White House Leadership, but the first instance of the SAPIR became operational in late December 2025. ASPR successfully sourced, procured, and secured some of the most critical Active Pharmaceutical Ingredients (APIs) to meet the EO Requirements. It is anticipated that all the required quantities for the most critical essential medicines will be secured by Spring of 2026. Other requirements of the EO include

[2] https://empowerprogram.hhs.gov/index.html
[3] https://empowerprogram.hhs.gov/training.html
[4] https://empowerprogram.hhs.gov/resources.html
[5] https://empowerprogram.hhs.gov/in-action.html

renovation of the original SAPIR, evaluating the list of extended critical medicine, and developing a plan for purchasing extended quantities. All of the required tasks have been either addressed or are in progress and on track.

ASPR envisions a nation more prepared to prevent, respond to, recover from, and reduce the adverse health effects of public health emergencies and disasters. To drive this improvement, ASPR's work is strengthened by using the best available evidence combined with rigorous performance evaluation. During FY 2027, ASPR's current measures and framework will be tested and updated to ensure continued efficiency. ASPR will continue to use data in support of HHS and ASPR Strategic Plan implementation. ASPR is proud to continue its strong work in ways that enhance the most important health developments for the nation.

ASPR will continuously monitor and assess implementation of the ASPR Strategic Plan as part of its broader performance management framework. This approach will improve tracking of activities aligned to specific budget lines while identifying resource gaps and implementation challenges that can help shape future resource requests. Because ASPR's Strategic Plan is intended to be a living document, it will be updated as priorities evolve or new issues emerge, including revising existing actions or adding new ones. These updates will also help inform future budget formulation.

All Purpose Table: Comparably Adjusted to FY 2027 President's Budget

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	$	FTE	$	FTE	$	FTE	$	FTE
Biomedical Advanced Research and Development Authority (BARDA) /1,2	909.349	-	944.349	-	654.411	-	-289.938	-
Disease X (non-add)	*10.000*	-	*10.000*	-	-	-	*-10.000*	-
Project BioShield	825.000	-	850.000	-	725.000	-	-125.000	-
Pandemic Influenza/5	307.991	-	307.991	-	307.991	-	-	-
No-Year Pandemic Influenza (non-add)	*280.000*	-	*280.000*	-	*280.000*	-	-	-
Annual Pandemic Influenza (non-add)	*27.991*	-	*27.991*	-	*27.991*	-	-	-
Strategic National Stockpile /1,3	918.189	-	938.189	-	938.189	-	-	-
Pandemic Preparedness and Biodefense /1,4	2.407	-	2.407	-	327.000	-	+324.593	-
Program Management and Operations (PMO)/1	*266.662*	734	258.962	734	289.800	734	+30.838	-
National Special Security Events (NSSE) (non-add)	*5.000*	-	*5.000*	-	*15.000*	-	*+10.000*	-
Preparedness and Emergency Operations/6	-	-	-	-	-	-	-	-
National Special Security Events (NSSE) (non-add)/6	-	-	-	-	-	-	-	-
Operations/6	-	-	-	-	-	-	-	-
Policy and Planning/6	-	-	-	-	-	-	-	-
National Disaster Medical System (NDMS)	78.904	179	76.904	179	64.904	179	-12.000	-
Mission Zero (non-add)	*4.000*	-	*4.000*	-	-	-	*-4.000*	-
Public Health Preparedness Equipment (non-add)	*2.000*	-	-	-	-	-	-	-
Pediatric Disaster Care (non-add)	7.000	-	*7.000*	-	*7.000*	-	-	-
Health Care Readiness and Recovery	305.055	37	307.055	37	29.774	37	*-277.281*	-
National Special Pathogen System (non-add)	*28.500*	-	*28.500*	-	*28.000*	-	*-0.500*	-
NETEC (non-add)	*7.500*	-	*7.500*	-	*7.000*	-	*-0.500*	-
RESPTCs (non-add)	*21.000*	-	*21.000*	-	*21.000*	-	-	-
HPP Cooperative Agreements (non-add)	*240.000*	-	*240.000*	-	-	-	*-240.000*	-
RDHRS (non-add)	*7.000*	-	*7.000*	-	-	-	*-7.000*	-
Cybersecurity and Infrastructure Protection (CIP) (non-add)	*1.774*	-	*1.774*	-	*1.774*	-	-	-
Trauma Care (non-add)	-	-	*2.000*	-	-	-	*-2.000*	-
Other Program Costs (non-add)	*29.555*	-	*29.555*	-	-	-	*-29.555*	-
Medical Reserve Corps	6.240	-	6.240	-	-	-	-6.240	-
HHS Coordination Operations and Response Element	15.000	-	--	-	-	-	-	-
Preparedness and Response Innovation	4.000	-	4.000	-	-	-	-4.000	-
Total, ASPR Discretionary Budget Authority	**3,627.597**	**950**	**3,692.597**	**950**	**3,337.069**	**950**	**-355.528**	**-**

[1] The 2027 Budget consolidates most of ASPR's Federal salary and expenses into the Program Management and Operations (PMO) line, including those costs for BARDA, SNS, and Pandemic Preparedness and Biodefense. PMO allocations represent the current estimates, which may be changed based on ASPR leadership decisions.

[2] In the 2027 Budget, an estimated $106 million from PMO is allocated to BARDA Federal salaries and expenses.

[3] In the 2027 Budget, an estimated $62 million from PMO is allocated to SNS Federal salaries and expenses.

[4] In the 2027 Budget, an estimated $8 million from PMO is allocated to Pandemic Preparedness and Biodefense Federal salaries and expenses.

[5] The FY 2025 column is comparably adjusted to remove $7.009 in budget authority that was directed to the Office of Global Affairs.

[6]The PMO line consolidates prior accounts for Preparedness and Emergency Operations, Operations, and Policy and Planning.

Section II: BUDGET EXHIBITS

Summary of Changes

(Dollars in Millions)

	Dollars	FTE
FY 2026 Enacted		
Total estimated budget authority	**3,693**	**950**
FY 2027 President's Budget		
Total estimated budget authority	**3,337**	**950**
Net Change	**-356**	**-**

	FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
-	**BA**	**FTE**	**BA**	**FTE**	**BA**	**FTE**
Increases:	-	-	-	-	-	-
A. Built-in:	-	-	-	-	-	-
Annualization of 2025 commissioned corps pay increase	$28	838	$28	838	-	-
Annualization of 2025 civilian pay increase	$173	112	$182	112	+$9	-
B. Program:						
New Program: Program Management and Operations			$290	734	$290	+734
Expanded Program: Pandemic Preparedness and Biodefense	$10	25	$327	25	+$317	--
Subtotal, Program Increases	**-**	**-**	**-**	**-**	***$607***	***+734***
Total Increases					***$607***	***+734***
Decreases:	-	-	-	-	-	-
A. Built-in:	-	-	-	-	-	-
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program:	-	-	-	-	-	-
Reduced Program: Biomedical Advanced Research and Development Authority (BARDA)	$944	268	$654	--	-$290	-268
Reduced Program: Project BioShield (PBS)	$850	--	$725	--	-$125	--
Consolidated Program: Preparedness and Emergency Operations	$31	54	-	--	-$31	-54
Consolidated Program: Operations	$34	124	-	--	-$34	-124
Consolidated Program: Policy and Planning	$15	37	-	--	-$15	-37
Reduced Program: National Disaster Medical System (NDMS)	$77	179	$65	179	-$12	--

Reduced Program: Health Care Readiness and Recovery	$307	37	$30	37	-$277	--
Eliminated Program: Medical Reserve Corps	$6	11	-	--	-$6	-11
Eliminated Program: Preparedness and Response Innovation	$4	--	-	--	-$4	--
Subtotal, Program Decreases					*-$946*	*-717*
Total Decreases	**-**	**-**	**-**	**-**	*-$946*	*-717*
Net Change	**-**	**-**	**-**	**-**	**-$356**	**-**

Appropriation History Table

(Dollars in Millions)

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2025	**General Fund Appropriation:**				
2025	Annual[6]	3,768.088	3,630.597	3,827.597	3,627.597
2025	**Subtotal**	**3,768.088**	**3,630.597**	**3,827.597**	**3,627.597**
2026	**General Fund Appropriation:**				
2026	Annual	2,825.880	3,509.606	3,616.597	3,692.597
2026	**Subtotal**	**2,825.880**	**3,509.606**	**3,616.597**	**3,692.597**
2027	**General Fund Appropriation:**				
2027	Annual	3,337.069			
2027	**Subtotal**	**3,337.069**			

[6] *The FY 2025 total is comparably adjusted to remove $7.009 in budget authority that was directed to the Office of Global Affairs.*

Narratives by Activity

Biomedical Advanced Research and Development Authority

Budget Summary
(Dollars in Millions)

	FY 2025 Final**	FY 2026 Enacted**	FY 2027 President's Budget*	FY 2027 +/- FY 2026
Budget Authority	**1,015.000**	**1,050.000**	**760.062**	***-289.938***
BARDA Program Expenses (non-add)	*909.349*	*944.439*	*654.411*	*-289.938*
Federal Salaries and Expenses (non-add, moved to Program Management and Operations in FY 2027)	*105.651*	*105.651*	*105.651*	-
FTE	-	-	-	-

**All ASPR Federal salaries and expenses, except for NDMS and HCRR, are funded by Program Management and Operations (PMO) in the FY 2027 President's Budget request. In the 2027 Budget, an estimated $105 million from PMO is allocated to BARDA Federal salaries and expenses.*
***FY 2025 Final and FY 2026 Enacted are displayed comparably to the FY 2027 President's Budget.*

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319L (42 U.S.C. 247d-7e), Public Health Service Act, Sec. 319F-1(42 USC 247d–6a)
Authorization Status: Indefinite
Allocation Method: Direct Federal/Intramural, Contracts

Program Description
The ASPR Advanced Research and Development (ARD) program will focus efforts across three areas critical for addressing national security threats to public health. These include: accelerating the development and availability of medical countermeasures (MCMs) against threats that have a material threat determination (MTD), particularly threats for which no countermeasures are currently available; development of threat agnostic platforms, capabilities, and other tools that can be used to address multiple current and future National Health Security Threats; and supporting onshoring of manufacturing and related efforts to bolster domestic manufacturing capabilities for Chemical, Biological, Radiological, and Nuclear (CBRN) MCMs. These efforts will advance ASPR's MCM mission and will enhance domestic manufacturing and technology capacity and capabilities.

The Biomedical Advanced Research and Development Authority (BARDA) supports the advanced research and development, licensure, initial stockpiling, and post marketing commitments of innovative MCMs for national health security preparedness and response. BARDA's mission is accomplished through the establishment of successful public-private partnerships with industry to share the risks inherent in product development while accelerating the development and availability of critically-needed MCMs addressing a range of national security threats. BARDA also collaborates with interagency partners across the USG to limit potential redundancy in the research and development of MCMs and identify opportunities to derisk and accelerate product development. Successful ARD-funded programs will often transition to Project BioShield (PBS) funding for late-stage development, Food and Drug Administration (FDA) licensure, and product procurement and stockpiling. Purchases of MCMs made

under PBS provide a market guarantee to MCM developers to support continued production. Further Federal stockpiling helps Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) requirements for MCMs where there is little to no commercial market.

ASPR's ARD and PBS act in concert to support innovative technologies and products that have the potential to transform preparedness and response capabilities and impact health care broadly. This potential is driven by the ability to seamlessly transition promising MCM candidates from ARD to PBS and, where applicable, to the commercial market to ensure the availability and bolster the sustainability of critically needed MCMs to counter threats to National Security.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$950,000,000
FY 2024 Final	$1,015,000,000
FY 2025 Final	$1,015,000,000
FY 2026 Enacted	$1,050,000,000
FY 2027 President's Budget[7]	$654,411,000

Budget Request

The FY 2027 President's Budget request for Advanced Research and Development is $654,411,000, which is comparably -$289,938,000 below the FY 2026 Enacted. The FY 2027 request reallocates $105.651 million to the proposed Program Management and Operations (PMO) for BARDA Federal salaries and expenses.

The Budget request supports innovative technologies and the advanced development of the highest priority MCMs against all 17 material threats identified by the Department of Homeland Security (DHS) and prioritized in the PHEMCE Strategy and Implementation Plan[8]. In addition, these funds will be used to support the Administration's priorities to address national health security threats and bolster domestic manufacturing technologies and capabilities. Specific funding efforts include:

1. Development of antivirals and vaccines for filoviruses.
2. Threat agnostic therapeutics and platforms that have the potential to respond to multiple threats.
3. Development of vaccines or post-exposure prophylaxes for priority threats on platform technologies that can rapidly pivot to address any identified threat, building a rapid response capability.
4. Accelerating and improving MCM development by addressing the early-stage product development pipeline and technology gaps directly relevant to BARDA's priority threat space. Efforts include:
    a. Develop enabling technologies that can speed drug development, decrease manufacturing cost, improve concepts of operation for storage, distribution, delivery or administration, improve product safety or efficacy, and otherwise facilitate enhanced response

[7] FY 2027 funding amount excludes the estimated $106 million from PMO that is allocated to BARDA Federal salaries and expenses.
[8] https://www.phe.gov/Preparedness/mcm/phemce/Pages/strategy.aspx

capabilities.
    b. Developing and utilizing new tools, such as Artificial Intelligence and tissue-on-a-chip to identify new and/or repurposed MCM candidates including drugs to mitigate the effect of exposure to sulfur mustard, chlorine, cyanide, ionizing radiation, and viral threats.
    c. Identify and develop novel therapeutic platforms and broad spectrum antivirals.
5. Clinical stage programs to counteract the effects of exposure to opioids, vesicating agents, and acute radiation.
6. Accelerating devices and technologies to support treatment of, and recovery from, burn and blast injuries resulting from nuclear detonation.
7. Development of threat agnostic, pathogen family, and pathogen specific tests and testing platforms for use in laboratory, point of care, and remote settings for detection of biothreat agents during an outbreak response.
8. Development of diagnostic tests to identify the bacterial pathogen(s) of a patient's infection and their antibiotic resistance profiles that can lead to sepsis and/or hospital-associated and community-acquired drug-resistant infections if not adequately treated.

In FY 2027, the Broad Spectrum Antimicrobials (BSA) program will enable late-stage clinical development of an antimicrobial candidate. The VHF program will support investments in lead candidates. The R/N program will invest in lead MCMs for gastrointestinal syndrome and decorporation of heavy metal isotopes.

Program Accomplishments

Building a Robust and Formidable MCM Development Pipeline

As of January 2026, BARDA funding has supported 109 FDA approvals of MCM products across the CBRN, pandemic influenza and emerging infectious disease space, thereby improving national health security preparedness through the availability of products that can be used during an emergency. ARD investments have greatly improved preparedness in terms of developing and delivering novel technologies and MCMs for smallpox, anthrax, filoviruses, antimicrobial-resistant threats, nerve agents, opioids, exposure to ionizing radiation, and severe burn and blast injuries. Three diagnostic products achieved FDA 510(k) clearance, including two devices to detect antimicrobial resistance and one effort expanding the utility of a key biothreat test panel

BARDA continues to support a robust development pipeline for priority unmet national security threat needs. Investments in MCMs for non-biological threats (e.g., chemical, radiological and nuclear threats) generally target the injuries resulting from exposure to the threat (e.g., neutropenia, burn injuries, chemical threat agents, etc.) and not the initial insult. This concept, treating the injuries resulting from a threat and not the threat agent itself, is being applied to the biological threat spaces (for both bacterial and viral threats) to invest in potential solutions that will: 1) allow for broad-spectrum approaches, 2) reduce manufacturing sustainment and production costs, 3) improve the likelihood of adoption by commercial markets to reduce long-term sustainment costs, and 4) support domestic manufacturing. BARDA has begun implementing this strategy through the utilization of the unique authorities provided by Congress, including prizes, as well as the more recent BARDA Accelerator Network and Ventures programs to establish a more nimble and efficient national health security response capability.

Developing Multi-Use Technologies

BARDA has invested in numerous innovative MCM solutions that could effectively respond to a range of threat agents and rapidly pivot to target new emerging priority threats while simultaneously streamlining a path to clinical development and accelerating later-stage development of successful candidates. BARDA investments in multi-use technologies resulted in key milestones that include the following:

1. FDA licensure of Silverlon for additional indications across the Chemical MCM and Burn/Blast MCM mission spaces.
2. Leveraging proven technologies from Ebola MCM development efforts to advance lead antiviral and vaccine candidates for Sudan and Marburg virus into clinical development, enabling enabled deployment of investigational countermeasures during outbreaks.
3. Investing in next-generation antibody production platforms that may reduce costs associated with antibody-based treatments.
4. Supporting long-term partnerships with domestic diagnostic test manufacturers to potentially achieve FDA regulatory clearance of multiple new biothreat tests and to transfer them to manufacturing to be ready to rapidly produce these tests at scale.
5. Initiating a new Threat Agnostic Diagnostics project designed to support the development of metagenomic Next Generation Sequencing based tests that can achieve regulatory clearance.

Enhancing Public-Private Partnerships to Face National Health Security Threats

As of January 2026, BARDA has supported 109 FDA licensure/approval/clearances of products. Many have received advanced research and development funding, that serves to build a robust pipeline of products with the potential to transition to PBS funding. Several of the 109 FDA approvals have been supported by our annual appropriations for Pandemic Influenza and others through supplemental funding for emerging infectious diseases. These products represent a significant return on investment. They also represent an enhanced ability to support preparedness and potential response to national security threats since the fastest response is observed when FDA approved products are available for deployment.

BARDA is a leader for proactive interactions with the private sector to establish partnerships to address BARDA/PHEMCE requirements for MCMs which have limited or no commercial markets other than the US Government (USG). BARDA will continue to leverage our Other Transactional Authority (OTA) to enhance preparedness against national security threats via the Rapid Response Partnership Vehicle (RRPV) for development of products and the Biopharmaceutical Manufacturing Preparedness Consortium (BioMaP-Consortium) to bolster domestic manufacturing technologies and capabilities. Both address Administration priorities and multiple Executive Orders.

BARDA's Tech Watch program is a best practice in the USG and now serves as a single point of entry for product developers to engage with USG funding organizations. This program has enhanced the efficiency for product developers seeking to potentially partner with the USG. The five BARDA Accelerator Network hubs, each focusing on a specific technology area (therapeutics, Diagnostics, Enabling Technologies, Digital Technologies, and Pediatrics Technologies) builds on previous models to support innovative health security technologies with both product development funding and wrap around resources to build a robust innovation pipeline for advanced R&D. In 2025, these hubs interacted with 1000+ innovative startups and supported 60+ companies with wraparound resources and funding and most recently launched a $100 million Antiviral Prize Competition to bolster development of novel antivirals for priority pathogens.

Key Outputs and Outcomes
ASPR: Biomedical Advanced Research and Development Authority (ARD)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
2.4.13a Increase the number of new licensed medical countermeasures across BARDA ARD and PBS appropriations (Intermediate Outcome)	FY 2025: 10[1] Target: 4 medical countermeasures (Target Exceeded)	4 medical countermeasures	4 medical countermeasures	Maintain
2.4.13b Increase the number of new countermeasures eligible for consideration by FDA for Emergency Use Authorization under ARD and PBS (Intermediate Outcome)	FY 2025: 0 Target: 1 medical countermeasures (Target Not Met)	1 medical countermeasure	1 medical countermeasure	Maintain
2.4.14a Increase the technical assistance provided by BARDA to medical countermeasure manufacturers under ARD (Intermediate Outcome)	FY 2025: 80 Target: 75 manufacturers (Target Exceeded)	45 manufacturers	45 manufacturers	Maintain

[1]Results based on both supplemental and base appropriations

Project BioShield

Budget Summary
(Dollars in Millions)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Budget Authority	**825.000**	**850.000**	**725.000**	***-125.000***
FTE	**-**	**-**	**-**	**-**

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319F- 2(g) 42 U.S.C. 247d-6b(g)
Authorization Status: Indefinite
Allocation Method: Federal/Intramural, Contracts

Program Description

The ASPR's Biomedical Advanced Research and Development Authority (BARDA) program supports late-stage development, licensure, manufacture, initial procurement, and post marketing requirements of medical countermeasures (MCMs) under Project BioShield (PBS) for chemical, biological, nuclear and radiological (CBRN) threats identified by the Department of Homeland Security's Material Threat Determination (MTD) process. Many MCM products transition into the PBS portfolio following successful development under Advanced Research and Development (ARD) funding, bringing the most promising products forward in an efficient manner that allows for their continued development under PBS. Where feasible, investments prioritize the expansion of clinical indications of commercially available products to avoid redundancy with private sector investments. If the commercial market is limited or nonexistent for a specific threat, BARDA supports establishing domestic manufacturing capacity to streamline operational logistics associated with manufacturing and stockpiling to reduce reliance on Federal sustainment.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$820,000,000
FY 2024 Final	$825,000,000
FY 2025 Final	$825,000,000
FY 2026 Enacted	$850,000,000
FY 2027 President's Budget	$725,000,000

Budget Request

The FY 2027 President's Budget request for Project BioShield is $725,000,000, a decrease of $125,000,000 below the FY 2026 Enacted. The FY 2027 request supports the Administration's priority for maintaining and expanding domestic onshoring of MCM manufacturing, supporting late-stage MCM

development, and ensuring post licensure procurement and stockpiling of MCMs to address threats with a MTD. Specific activities include:

1) Late-stage development of therapeutics and vaccines for Sudan virus and Marburg virus, and procurement of Ebola MCM;
2) Procurement of therapeutics and vaccines for smallpox;
3) Late-stage development and procurement of novel antimicrobials;
4) Procurement of MCMs to treat injuries resulting from exposure to chemical threats including nerve agents and pharmaceutical based agents such as opioids;
5) Late-stage development of, and access via vendor-managed inventory to, new burn imaging technologies to improve survival following mass-casualty events as well as the procurement of new burn/blast kits if needed;
6) Procurements for MCMs to treat thrombocytopenia (low platelet count) caused by exposure to acute ionizing radiation. Funds may also support procurements of dried plasma products pending late-stage development work; and,
7) Late-stage development, procurement, and manufacturing capacity for diagnostics to detect biothreat pathogens, such as anthrax and Ebola for preparedness as well as for outbreak response.

Program Accomplishments

Since 2007, ASPR BARDA has invested in 39 unique MCMs under PBS. Twenty-seven of these MCMs have been delivered to the Strategic National Stockpile (SNS) or procured as vendor managed inventory. Successes since 2024 include the following:

- Five new licensed MCMs: Aztreonam-Avibactam (Emblaveo), and gepotidacin (Blujepa) for the treatment of antimicrobial-resistant infections, Nexobrid for the removal of damaged tissue from severe burn injuries in pediatric patients, Silverlon for recovery from acute cutaneous radiation injuries, and a lyophilized form of the smallpox vaccine (JYNNEOS). These products also have applications for routine care of patients with resistant bacterial infections, burn patients, and those at risk of exposure to monkeypox.
- Two vaccines and six treatments funded under PBS have been used in recent response activities to include smallpox vaccines and antivirals (in response to monkeypox), Ebola vaccines and treatments, and botulinum antitoxins.
- Seventeen active PBS programs are delivering priority MCMs, either to the SNS or inventory maintained and managed by the vendor.

Key Outputs and Outcomes

ASPR: Project BioShield

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
2.4.14c Increase the number of new medical countermeasures supported under Project BioShield (PBS) (Outcome)	FY 2025: 39 Target: 43 medical countermeasures (Target Not Met)	43[1] medical countermeasures	2[2] medical countermeasures	N/A – FY27 sets baseline
2.4.14d Increase the number of new medical countermeasures delivered to the Strategic National Stockpile (SNS) or procured as Vendor Management Inventory (VMI) (Intermediate Outcome)	FY 2025: 34 Target: 34 medical countermeasures (Target Met)	36[1] medical countermeasures	2[2] medical countermeasures	N/A – FY27 sets baseline
2.4.14e Execute new funding actions to increase stockpiled MCMs and/or maintain MCM manufacturing capability (Outcome)	FY 2025: N/A Target: N/A	N/A	1	N/A

[1] Through 2026, each year's data is reported as a cumulative count of all medical countermeasures.

[2] For clarity, Project BioShield 2027 data to be reported in single year counts rather than cumulative totals.

Pandemic Influenza

Budget Summary
(Dollars in Millions)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Budget Authority	**307.991**	**307.991**	**307.991**	**-**
No-year funding (non-add)	*280.000*	*280.000*	*280.000*	**-**
Annual Funding (non-add)	*27.991*	*27.991*	*27.991*	**-**
FTE	**-**	**-**	**-**	**-**

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319L (42 U.S.C. 247d-7e), Public Health Service Act, Sec. 2811 (42 U.S.C.300hh-10)
Authorization Status: Indefinite
Allocation Method: Direct Federal/Intramural, Contracts, Formula Grants/Cooperative Agreements, Competitive Grants/Cooperative Agreements, Other Direct Federal/Intramural

Program Description

The ASPR Pandemic Influenza program has a dual mission - supporting advanced development of improved pandemic influenza medical countermeasures, while also sustaining pandemic preparedness and response capabilities through the Vaccine Medical Countermeasures (MCMs) for Pandemic Influenza Preparedness and Response program, which includes the U.S. National Pre-pandemic Influenza Vaccine Stockpile (NPIVS). NPIVS is the only program in the federal government that maintains contracts with manufacturers of licensed seasonal influenza vaccines that would be needed in a response. Simultaneously NPIVA develops improved vaccines, therapeutics, and diagnostics that are critical to enhancing preparedness and response capabilities for the national health security threat of pandemic influenza. This dual responsibility presents a major challenge because the US Government (USG) requirements for the NPIVS fluctuate in accordance with the status of circulating influenza virus strains of pandemic potential. As these requirements can change with little to no advanced notice, it requires shifting of strategies. For example, since spring of 2022, over 70 human infections of influenza A(H5N1) occurred in the United States. The unprecedented spread of A(H5) among wild birds throughout North and South America as well as the spread into dairy cattle and commercial poultry in the US pose a persistent threat to human health. In response, BARDA supported additional pandemic influenza vaccine production.

The Budget supports efforts to improve MCMs, including vaccines, therapeutics, and diagnostics, while sustaining manufacturing capacity and supply chains so that MCMs are available when needed. ASPR supports flexible response capabilities to ensure an effective response to emerging pandemics.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$327,991,000
FY 2024 Final	$327,991,000
FY 2025 Final[9]	$307,991,000
FY 2026 Enacted	$307,991,000
FY 2027 President's Budget	$307,991,000

Budget Request

The FY 2027 President's Budget request for Pandemic Influenza (PI) is $307,991,000, flat with FY 2026 Enacted. The request includes $280,000,000 in no-year funding and $27,991,000 in annual funding for ASPR.

Funds will be used to support the Administration's priorities and the PI program's twin pillars: 1) PI preparedness and sustaining current response capabilities and 2) developing more effective MCMs needed to significantly improve response capabilities. PI funding sustains domestic manufacturing capacity and operational readiness. Operational readiness includes maintenance and sustainment of pre-pandemic influenza virus vaccine seeds, antigen, and adjuvant stockpiles found in the US NPIVS as well as improving domestic manufacturing capacity, as funding allows, for licensed influenza vaccine platforms (cell-based, recombinant protein, and egg-based antigen as well as MF59 and AS03 adjuvants). These activities are essential and work in tandem to enable a rapid and effective USG response to control an emerging pandemic.

In terms of MCM development, funds will support development and licensure of more effective influenza vaccines including vaccines that may provide protection against both seasonal and pandemic influenza viruses, development of therapeutics for seasonal and pandemic influenza pre-exposure prophylaxis, and host-directed therapeutics for the treatment of acute respiratory distress syndrome (ARDS), including ARDS caused by influenza. The FY 2027 funding request also supports ongoing efforts to develop home-use and point-of-need rapid diagnostic tests and testing platforms that empower patients and promote early detection of pandemic virus infections. Work will also continue for development of tests to support early outbreak response including tests to identify novel and emerging influenza viruses.

Program Accomplishments

<u>Strengthening Pandemic Influenza Preparedness</u>
Since 2024, the PI program has completed the following:

- Completed a BARDA-sponsored Phase 2 clinical trial to assess the safety and immunogenicity of influenza A(H5) egg-based antigen adjuvanted with MF59 or AS03, completed two manufacturer-sponsored phase 2 clinical trials to assess the safety and immunogenicity of cell-based influenza A(H5) antigen co-formulated with MF59 adjuvant and egg-based influenza A(H5) antigen adjuvanted with AS03;

[9] FY 2025 funding total is comparably adjusted to not include $7 million for HHS Office of Global Affairs (OGA).

- Sustained US-based manufacturing of pandemic influenza vaccines including cell-based antigen, adjuvants, and a pandemic-ready supply of eggs to support influenza pandemic operational readiness;
- In conjunction with supplemental funding, continue to lean forward in our Nation's preparedness posture by producing virus vaccine seed stocks, bulk antigen and vaccines in final containers, including those that are well-matched to circulating A(H5) influenza virus strains;
- Completed enrollment in two phase 1 clinical studies: one for a vaccine candidate produced on a flexible manufacturing platform and another for a vaccine candidate delivered intradermally;
- Created a new program to support advanced research and development of influenza vaccines establishing the capability to perform quality-assured immunoassays and importantly provide improved capability to qualify/validate immune assays for newly emerged viral strains and test samples in an accelerated fashion in the event of an influenza virus outbreak.
- Enrolled the first patients in a phase 2 clinical study investigating three host-directed therapeutics for the treatment of acute respiratory distress syndrome (ARDS);
- Created a new program for the advanced research and development of pre-exposure prophylaxis therapeutic candidates for preventing both seasonal and pandemic influenza severe disease;
- Awarded a contract to bring manufacturing of an investigational pre-exposure prophylaxis drug for seasonal and pandemic influenza to the United States;
- Initiated support for next generation sequencing testing capabilities to detect and differentiate influenza and other respiratory viruses while enabling rapid test updates to incorporate detection of emerging respiratory pathogens; and,
- Supported six FDA 510(k) clearances for multiple respiratory panel tests for clinical laboratory and point-of care using a combination of supplemental funds and PI funding. These panel tests are important to distinguish influenza from other respiratory pathogens with similar clinical presentation; continued development and validation of a diagnostic test to differentiate seasonal influenza A from A(H5) influenza viruses for use in POC, remote, or home-use settings; awarded a contract to support a low-cost, at-home influenza test development and also awarded a novel, NGS test development effort to support detection of new, and emerging threats such as pandemic influenza

Through these and related activities, BARDA strengthens pandemic influenza preparedness by advancing medical countermeasures, expanding domestic manufacturing capacity, and improving rapid response readiness for emerging influenza virus threats.

Key Outputs and Outcomes
ASPR: Pandemic Influenza

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
2.4.15a Assure that domestic pandemic influenza vaccine antigen manufacturing surge capacity produces desired number of vaccine doses within six months of candidate vaccine virus being delivered to the manufacturers (Intermediate Outcome)	FY 2025: 660 million antigen doses Target: 660 million antigen doses (Target Met)	660 million antigen doses	660 million antigen doses	Maintain
2.4.15d Maintain a stockpile of adjuvant to be matched with pandemic antigens to increase the availability of immunogenic vaccines early in a response. (Intermediate Outcome)	FY 2025: 162 million adjuvant doses Target: Set Baseline (Target Met)	110 million adjuvant doses	100 million adjuvant doses	-10 million adjuvant doses
2.4.15b Continue advanced research and development of influenza therapeutics for use in pre-exposure prophylaxis, outpatient and hospital settings, including pediatric patients and for more effective influenza vaccines manufactured using flexible, agile technologies. (Intermediate Outcome)	FY 2025: 4 Target: 2 programs (Target Exceeded)	2 programs	2 programs	Maintain
2.4.15c Support pandemic influenza preparedness with manufacturing and testing of pre-pandemic candidate vaccines (Output)	FY 2025:2[1] bulk lots of pre-pandemic influenza vaccine Target: 2 bulk lots of pre-pandemic influenza vaccine (Target Met)	2 bulk lots of pre-pandemic influenza vaccine	2 bulk lots of pre-pandemic influenza vaccine	Maintain
2.4.15e Increase the number of new licensed medical countermeasures supported by PI annual and supplemental appropriations.	FY 2025: N/A Target: N/A	N/A	1 medical countermeasure	+1 medical countermeasure

[1] Results based on both supplemental and base appropriations

Strategic National Stockpile

Budget Summary
(Dollars in Millions)

	FY 2025 Final**	FY 2026 Enacted**	FY 2027 President's Budget*	FY 2027 +/- FY 2026
Budget Authority	**980.000**	**1,000.000**	**1,000.000**	**-**
SNS Program Expenses (non-add)	*918.189*	*938.189*	*938.189*	-
Federal Salaries and Expenses (non-add, moved to Program Management and Operations in FY 2027)	*61.811*	*61.811*	*61.811*	-
FTE	**-**	**-**	**-**	**-**

**All ASPR Federal salaries and expenses, except for NDMS and HCRR, are funded by Program Management and Operations (PMO) in the FY 2027 President's Budget request. In the 2027 Budget, an estimated $62 million from PMO is allocated to SNS Federal salaries and expenses.*
***FY 2025 Final and FY 2026 Enacted are displayed comparably to the FY 2027 President's Budget.*

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319F- 2(a) 42 U.S.C. 247d-6b(a)
Authorization Status: Indefinite
Allocation Method: Direct Federal/Intramural, Contracts

Program Description
The ASPR Strategic National Stockpile[10] (SNS) is the nation's largest repository of medical countermeasures[11] (MCMs), which includes pharmaceuticals, critical medical supplies, and medical equipment needed to supplement State, Local, Tribal, and Territorial (SLTT) partners during disasters and public health emergencies. The stockpile can be used as a short-term, stopgap buffer when the immediate supply of these materials may not be available or sufficient. Organized for scalable response to various public health threats, the SNS contains enough supplies to respond to multiple large-scale emergencies simultaneously. If a chemical, biological, radiological, or nuclear (CBRN) event occurred on United States soil today, the SNS is the primary federal resource readily available to respond.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$965,000,000
FY 2024 Final	$980,000,000
FY 2025 Final	$980,000,000
FY 2026 Enacted	$1,000,000,000
FY 2027 President's Budget	$938,189,000[12]

[10] Strategic National Stockpile https://aspr.hhs.gov/SNS/Pages/default.aspx
[11] What are Medical Countermeasures? | FDA https://www.fda.gov/emergency-preparedness-and-response/about-mcms/what-are-medical-countermeasures
[12] FY 2027 funding amount excludes the estimated $62 million from PMO that is allocated to SNS Federal salaries and expenses.

Budget Request

The FY 2027 President's Budget request for SNS is $938,189,000, which is comparably flat with the FY 2026 Enacted. The FY 2027 request reallocates $61.811 million to the proposed Program Management and Operations (PMO) for SNS Federal salaries and expenses.

For FY 2027, SNS plans to sustain existing MCM capabilities by replacing the highest priority expiring products and maintaining the highly efficient storage and inventory management services provided by commercial third-party logistics providers. SNS will provide technical assistance and guidance in support of SLTT efforts to build stockpiles that align with state and jurisdictional risks, and ensure that partners are prepared to request, receive, distribute and dispense SNS products. This effort is in line with Executive Order 14239 "Achieving Efficiency through State and Local Preparedness," March 28, 2025. Supporting these activities, SNS will host in-person and online/virtual training options and exercise support to enhance SLTT preparedness in these areas. These training and exercise resources strengthen capabilities critical to the effective use of MCMs stockpiled at the federal, state and local levels to secure the nation's health.

Program Accomplishments

Recent SNS Responses

In 2025, the SNS provided products to support requests from 12 requesting states and the District of Columbia to aid in the response to emerging infectious disease and public health threats. The SNS also deployed the Ervebo Ebola Zaire vaccine to support the pre-exposure immunization of laboratorians and healthcare workers at designated special pathogens treatment centers in the states of Colorado, Maryland, Massachusetts, Minnesota, and Montana.

State, Local, Tribal, and Territorial Engagement

In response to the March 18, 2025, Executive Order on "Achieving Efficiency Through State and Local Preparedness,"[13] SNS has strengthened its efforts to lead the nation in establishing jurisdictional stockpile programs. In June of 2025, SNS released high-level guidance to help jurisdictions develop stockpiles. SNS then held two 90-minute listening sessions with 614 SLTT partners designed to gather their input to provide for our use in developing more comprehensive guidance on regional and individual jurisdictional approaches establishing and maintaining stockpile programs. These sessions were also used to gather input to assist in developing strategies and deliverables that produce models for approaches that can be adopted nationally. SNS conducted follow-up meetings in December 2025 with jurisdictions pursuing multi-state stockpiling collaboration, and others establishing stockpile programs in rural and frontier jurisdictions, US territories and Freely Associated States to gather additional input and define collaboration strategies. Moving forward SNS will update jurisdictional stockpiling guidance and work with federal, industry, and academia partners to provide technical assistance to SLTTs to establish or strengthen their stockpile programs; and then monitor and evaluate the effectiveness of jurisdictional stockpile programs.

The jurisdictional stockpiling initiative is intended to enable SLTT jurisdictions to develop sustainable reserves that build their capacity to deploy MCM and critical supplies and to enhance regional

[13] Achieving Efficiency Through State and Local Preparedness – The White House

collaboration. Over time, these efforts will reduce reliance on federal resources during emergency responses.

In 2024, SNS began hosting a series of monthly national MCM "Office Hours" sessions for SLTT partners. These sessions provide guidance and identify emergency MCM resources available to jurisdictions when needed. As of December 2025, SNS has conducted 10 sessions with over 3,100 SLTT representatives participating. Future sessions will focus on sharing best practices and providing technical assistance around jurisdictional stockpile program development.

SNS shares information with SLTT partners through a controlled-access technical assistance and resource SharePoint site. As of December 2025, the site has 1,158 registered users and 938 Listserv members representing all 50 states, three territories, eight tribes, and the District of Columbia. Additional guidance and information sharing with SLTT and interagency partners is coordinated through a Request for Information (RFI) process. During 2024, SNS Subject Matter Experts (SME) answered over 450 RFI's. In 2025, SMEs responded to 400 information requests.

Further coordinating with its partners, the SNS collaborates with jurisdictions to enhance their readiness to receive MCMs during public health emergencies. This is achieved by conducting validations of sites designated by public health officials as receive, stage, and store (RSS) sites. In 2024, SNS staff completed reviews of 22 sites in 12 CONUS (Continental United States) jurisdictions and four OCONUS (Outside the Continental United States) jurisdictions, including Alaska, Guam, Hawaii, and the Commonwealth of the Northern Mariana Islands. In 2025, the SNS validated 13 sites in eight CONUS jurisdictions

Specific to Tribal engagement and in collaboration with federal partners, SNS conducted a series of engagement activities to educate Tribal leaders and public health planners within tribal communities about pathways to access the SNS during emergencies. An overview was also provided of the resources available within the SNS that can be used to aid planning efforts.

SNS Support for Trainings and Exercises

The SNS works closely with SLTT jurisdictions to improve their ability to respond to public health emergencies requiring MCMs, particularly those that are not available commercially. In FY 2025, the SNS offered web-based and virtual training opportunities in addition to live instructor led courses, allowing more than 29,000 stakeholders to participate in training opportunities. SNS continued to provide Federal Medical Station (FMS) training videos, which were posted to YouTube and viewed more than 25,000 times in FY 2025. In total, the SNS provided training for 29,354 SLTT and federal partners during 2025 through the efforts listed below:

- 25,626 stakeholders viewed FMS training videos, available on YouTube
- 3,553 stakeholders participated in virtual training on SNS related topics
- 175 stakeholders participated in instructor-led courses (in-person)

In 2025 SNS sunset its FMS and 12-hour push package capabilities. SNS is currently in the process of offering FMS to SLTT partners and plans to keep the online training related to them available for recipients. SNS plans to publish new web-based trainings in FY 2026.

In 2024, the SNS continued its partnership with the American Association for Respiratory Care (AARC) to provide quarterly webinar trainings for respiratory therapists and clinicians regarding SNS-held ventilators. This partnership began in 2021 and has resulted in numerous ventilator training videos that

are housed on the ASPR website. FY 2024 webinars were held in December, March, and April with 1,177 participants total in attendance. An additional 584 participants attended the first two trainings in FY 2025, held in December and February. There was no contract to schedule additional webinars in FY 2025.

Inventory Management and SLEP

In FY 2025, the SNS sustained a 99.98 percent inventory accuracy rate and a 100 percent financial accuracy rate across its $11.9 billion inventory. SNS also ensured that no product was lost due to failure to comply with FDA cGMP practices.

In FY 2025, the SNS closed two warehouses that previously held PPE and one warehouse that housed ultra-cold chain product. Closing these three warehouses allows SNS to redirect almost $38 million in FY 2025 and an estimated $48 million in FY 2026 to other priority projects.

To support cost-effective stockpile management, the Shelf-Life Extension Program (SLEP) evaluates potency of products and can potentially extend the dated shelf-life of a product, resulting in reduced costs for product replacement. Working in collaboration with FDA, an additional extension of expiration dates for certain stockpiled antivirals was granted outside of SLEP in April 2022. SNS also received outside-of-SLEP dating extensions for Prussian blue capsules in 2023, amoxicillin capsules in 2024, and Prussian blue capsules again in 2024, based on FDA's review of scientific data; additional extensions are under review.

Key Outputs and Outcomes

ASPR: Strategic National Stockpile

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
13.4.6 Percentage of inventory accuracies that are attained by using quality inventory management systems. (Outcome)	FY 2025: 99.9% Target: 97% (Target Exceeded)	97%	97%	Maintain
13.4.7 Maintain the safety and efficacy of medical supplies Strategic National Stockpile (SNS) inventory (Outcome)	FY 2025: 100% Target: 100% (Target Met)	100%	100%	Maintain
13.4.8 Maintain the response rate of recall capability (Intermediate Outcome)	FY 2025: 99.81% Target: 95% (Target Exceeded)	95%	95%	Maintain
13.4.9 Increase the number of participants trained by Strategic National Stockpile (SNS) (Intermediate Outcome)	FY 2025: 29,354[1] Target: 1,500 trained (Target Exceeded)	1,800[2] trained	1,800 trained	Maintain

[1] The total includes more than 25,000 views of FMS training posted to YouTube.

[2] In FY 2025, ASPR sunset SNS's FMS capability.

Pandemic Preparedness and Biodefense

Budget Summary
(Dollars in Millions)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget**	FY 2027 +/- FY 2025
Budget Authority	**10.000**	**10.000**	**334.593**	***+324.593***
IBMSC Program Expenses (non-add)	*2.407*	*2.407*	*27.000*	*+324.593*
Federal Salaries and Expenses (non-add, moved to Program Management and Operations in FY 2027)	*7.593*	*7.593*	*7.593*	**-**
FTE*	**-**	**-**	**-**	**-**

**All ASPR Federal salaries and expenses, except for NDMS and HCRR, are funded by Program Management and Operations in FY 2027 President's Budget request. In the 2027 Budget, an estimated $8 million from PMO is allocated to Pandemic Preparedness and Biodefense Federal salaries and expenses.*
***FY 2025 Final and FY 2026 Enacted are displayed comparably to the FY 2027 President's Budget.*

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319L (42 U.S.C. 247d-7e), Public Health Service Act, Sec. 319F-1 (42 USC 247d–6a)
Authorization Status: Indefinite
Allocation Method: Direct Federal/Intramural, Contracts

Program Description

The mission of the Pandemic Preparedness and Biodefense program, run by ASPR's Center for Industrial Base Management and Supply Chain (IBMSC), is to create, sustain, protect and restore domestic manufacturing of essential medicines; key starting materials (KSMs); respective raw materials and key chemicals; medical countermeasures, inclusive of diagnostic kits; and critical medical equipment, such as personal protective equipment (PPE).

It is essential to national security to support and maintain domestic production capacity for essential medicines, medical countermeasures, and all related critical medical countermeasure inputs. U.S. reliance on foreign manufacturing to obtain essential active pharmaceutical ingredients, medicines, medical countermeasures, and necessary raw materials (chemicals, key starting materials and active pharmaceutical ingredients (API)) threatens the nation's ability to obtain and distribute life-saving interventions in a timely manner. This becomes an even greater challenge during public health emergencies when systems are stressed.

IBMSC has supported efforts to establish and maintain additional domestic KSM, API and finished dose form (FDF) manufacturing capabilities. The production of KSMs, APIs, and FDFs currently relies on just-in-time batch chemical manufacturing and has almost entirely been outsourced to foreign countries. The reliable availability of these medicines can help to alleviate strains on hospital resources, resulting in

more lives saved and improved patient care and outcomes. ASPR is reducing foreign reliance by onshoring KSMs, APIs, and FDFs – specifically targeting those affecting critical medicines on the Food and Drug Administration's (FDA) Essential Medicines List and those most critical drugs that would be in highest demand in another public health emergency or pandemic.

IBMSC's goal is to reestablish and maintain a domestic public health supply chain and coordinate the activities related to medical industrial base expansion and sustainment using contracts, grants, other transactions, DPA authorities (purchases, purchase commitments, grants, and subsidy payments), and ESF-8 authorities.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	-
FY 2024 Final[14]	$10,000,000
FY 2025 Final	$10,000,000
FY 2026 Enacted	$10,000,000
FY 2027 President's Budget[15]	$327,000,000

Budget Request

The FY 2027 President's Budget request for Pandemic Preparedness and Biodefense (IBMSC) is $327,000,000, a comparable increase of +$324,593,000 over the FY 2026 Enacted. Funding continues ASPR's work to reshore and maintain a resilient, reliable U.S. based pharmaceutical supply chain that ensures essential medicines are available where and when they are needed, and in the appropriate amounts and dosage forms. More than 95 percent of generic drugs consumed by the American public come from two international sources. Such international reliance raises significant quality and supply chain risks.

IBMSC is leading the implementation of Executive Order 14336, "Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredients Reserve." IBMSC leads the operations, maintenance and programmatic oversight of the first Strategic Active Pharmaceutical Ingredients Reserve, including novel management, conversion and distribution strategies for stockpiled APIs. These funds will also be leveraged to establish additional vendor managed inventory (VMI) capacities for the majority of prioritized active pharmaceutical ingredients (APIs). This activity includes the procurement, storage, management, conversion, and distribution of qualified APIs from FDA-inspected suppliers with Drug Master Files on record; demonstration of analytical chemistry capabilities for acceptance and retesting of APIs; and storage, rotation, and replenishment of APIs under current good manufacturing practice (cGMP) conditions.

These resources support other related work such as manufacturing of medical devices, antibiotics, and intravenous (IV) solutions to improve production efficiency, scalability, and resilience of domestic supply chains. Resources can further support commercial scale agile and distributed drug product manufacturing,

[14] The Pandemic Preparedness and Biodefense program first received appropriations in FY 2024.
[15] FY 2027 funding amount excludes the estimated $8 million from PMO that is allocated to Pandemic Preparedness and Biodefense Federal salaries and expenses.

such as performing cGMP validation of drug products, and supply chain resilience efforts, such as mitigating risks to domestic production capacity.

The budget proposes to modify funding availability from two-year to no-year availability to ensure ASPR is able to modify contracts and reprioritize funding in the out years.

Program Accomplishments

From FY 2020 through FY 2023, IBMSC invested over $18 billion in supplemental funding for medical countermeasures and domestic manufacturing capacities. These investments were across three key areas: reshoring pharmaceutical manufacturing, testing and diagnostics, and PPE.

In FY 2022 and FY 2023, IBMSC, which was established during the pandemic response to address urgent supply chain issues, invested $908 million in supplemental funding in building PPE production capacities across a wide range of categories, including manufacturing of N95 and surgical masks, gowns and gloves. IBMSC continues to administer one active contract valued at $81.3 million to onshore nitrile glove production, one active contract valued at $144.8 million to onshore nitrile butadiene rubber (NBR) production, and two active contracts valued at $136 million to onshore key chemical production for NBR components.

In 2024, IBMSC led collaboration with the FDA, DHS CBP, and the General Services Administration (GSA) to mitigate the impact of Hurricanes Helene and Milton on the Nation's intravenous (IV) Fluid supply. Through this effort, the U.S. government collaborated with the Baxter North Cove facility, Industry, and Commercial Carrier partners to rapidly bolster domestic supply through the importation of international IV solutions that were granted regulatory enforcement discretion by the FDA. IBMSC facilitated 98 flights to expediently move approximately 13.9 million units of product from at least five different international facilities. IBMSC, in conjunction with the FDA and DHS CBP, also established a process to immediately vet and clear product through customs, even prior to arrival. This expedited the clearance process from at least 60 days to mostly same-day clearance of product to facilitate immediate distribution to patients in need. Another one of America's manufacturers of IV Fluids (B Braun) was directly in the path of Hurricane Milton, further endangering a supply of IV fluids that were in shortage following Hurricane Helene's impact on Baxter's North Cove facility. The timely actions of IBMSC led to the movement of 60 truckloads of IV Fluids out of harm's way just before the storm. This supply was immediately brought back to distribution centers once the manufacturer could receive and distribute product to health systems. These actions prevented another significant supply chain disruption for the Nation and ensured the ability for health systems to provide care in America.

During 2024, the program supported medical manufacturers impacted by Hurricane Helene, including IV and peritoneal dialysis solutions maker, Baxter (North Carolina), to identify what types of materials and services were required to restart production. Baxter was able to rapidly procure materials and schedule the necessary services except for one item.

As of December 2025, IBMSC had reshored significant drug substance and drug product manufacturing. IBMSC has a broad portfolio to reshore the manufacturing of drug substances and drug products. These products include both agile and biologically derived manufacturing for beta blockers, antimicrobials, anticholinergics, diuretics, antidiuretics, antimalarials, alkylating agents, muscle relaxants, hormones, bronchodilators, reversal agents, antihypertensives hypnotics, antiemetics, anesthetics, antihistamines,

anticonvulsants, analgesics, hormones, clotting agents, sedatives, paralytics, IV solutions, and antiarrhythmics.

IBMSC is also leveraging and encouraging the use of novel approaches to reshore production in cost-competitive ways. Relevant approaches include the use of continuous flow chemistry, solvent free production, closed loop end-to-end production and engineered living systems that convert bulk brewery waste streams to produce drug substances and drug products on the essential medicines list. IBMSC is also establishing novel in-process metrology and employing Artificial Intelligence, machine-learning and rule-based informatics models to demonstrate the real-time qualification of multiple sterile injectable and solid oral dosage forms. All of these initiatives will enhance the flexibility and responsiveness of the domestic pharmaceutical supply chain, ensuring that essential medications are produced efficiently and are readily available when and where needed.

As of January 2026, IBMSC continues to rapidly implement Executive Order 14336 "Ensuring American Pharmaceutical Supply Chain Resilience by Filling the Strategic Active Pharmaceutical Ingredients Reserve." Not only have the most critical drugs been identified by clinicians, manufacturers, Interagency partners, and HHS and White House Leadership, but the Strategic API Reserve became operational in late December 2025. IBMSC has successfully sourced, procured and secured some of the most critical APIs to meet the EO Requirements. ASPR anticipates all the required API quantities for the most critical medicines will be secured by this spring. The other requirements of the EO include renovation of the original SAPIR, evaluation of the list of extended critical medicine, developing a plan for purchasing the extended quantities and have all been either addressed or are in progress and on track.

National Disaster Medical System

Budget Summary
(Dollars in Millions)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Budget Authority	**78.904**	**76.904**	**64.904**	***-12.000***
Pediatric Disaster Care Program (non- add)	-	*7.000*	*7.000*	-
Mission Zero (non- add)	-	*4.000*	-	*-4.000*
Public Health Preparedness Equipment (non-add)	-	-	-	-
FTE*	**179**	**179**	**179**	**-**

**The proposed ASPR Program Operations and Management (PMO) would support all ASPR Federal salaries and expenses except NDMS and HCRR.*

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 2812 (42 U.S.C. 300hh-11)
Allocation Method: Direct Federal/intramural, contracts

Program Description
ASPR leads efforts to mitigate the impacts from public health and medical disasters on communities. When communities are significantly impacted by a disaster and are unable to support and provide services, including medical care, to their populations, ASPR's National Disaster Medical System (NDMS) can be deployed if and when requested. NDMS is the only federal resource trained and ready to support communities with public health and medical services during and after disasters. Since its establishment in 1984, NDMS has responded to over 300 domestic incidents and two international incidents.

In FY 2027, the NDMS will continue to provide essential support to State, Local, Territorial, and Tribal (SLTT) partners when communities become overwhelmed by disaster. Additionally, NDMS will continue to augment other federal partners when needed, including support for national security special events. emPOWER will continue to provide NDMS, public health authorities (PHAs), and their partners with timely information on electricity and health care service-dependent populations that commonly drive response and health care system surge to enhance emergency management activities across 13 emergency support functions and 13 sectors.

To provide the American public with high quality and comprehensive federal medical care, NDMS has developed four priority areas to guide the program: Readiness, Response, Mitigation and Recovery, and Steady State Coordination.

Readiness: NDMS will use funds to support responder training and education. A trained workforce ensures high quality and safe care to communities when they are most vulnerable. NDMS will also continue engagement with other United States Government (USG) partners, to include the Department of War, to support planning and readiness for threats outside of traditional Stafford Act funded activities.

This includes the renewed concerns over movement and care for military causalities resulting from large-scale combat operations (LSCO).

Response: NDMS will support traditional and non-traditional operations of all kinds, including hurricanes, floods, earthquakes, and other public health emergencies.

Mitigation and Recovery: Aiding a community return to normal operations post disaster is critical in reducing longer-term health impacts and supports Making America Healthy Again. NDMS will advance partnerships and provide access to federal resources to support communities impacted by disaster.

Steady State Coordination: Regional emergency coordinators (RECs) supported within the NDMS program, will engage with SLTT partners to enhance local preparedness and readiness strategies to meet the goals and intent of the Executive Order on Achieving Efficiency through State and Local Preparedness.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$96,904,000
FY 2024 Final	$78,904,000
FY 2025 Final	$78,904,000
FY 2026 Enacted	$76,904,000
FY 2027 President's Budget	$64,904,000

Budget Request

The FY 2027 President's Budget request for the National Disaster Medical System (NDMS) is $64,904,000, a decrease of $12,000,000 below FY 2026 Enacted. NDMS will continue to align its activities to Executive Order (EO) 14239: Achieving Efficiency Through State and Local Preparedness (March 21, 2025). In order to allow ASPR to prioritize the highest response needs, ASPR is not including a directed funding level for Mission Zero and Public Health Preparedness Equipment. Pediatric Disaster Care is funded at $7 million.

Readiness

Funding in FY 2027 will be leveraged to maintain readiness and training standards. Funds will also provide the resources required to maintain and enhance the HHS emPOWER Program's suite of dynamic data, mapping, and artificial intelligence tools. Funds will also be used for essential services, including training, informational resources, and technical assistance, to enable risk-informed federal-to-community level emergency management activities. NDMS will pause hiring and will realign remaining intermittent response staff to maximize their utility.

Response

The budget will sustain the Disaster Management Information System (DMIS). DMIS is the current NDMS IT system supporting the management of electronic medical records created during NDMS patient encounters during disasters and special events. The budget will also sustain the Responder Management System (RMS) that aids in NDMS team rosters and archives responder information.

NDMS will aggregate response supplies in Maryland rather than having distributed response materiel in

California, Alaska, Hawaii, and Puerto Rico.

Mitigation and Recovery

Funds will maintain capabilities to support American individuals, families, and communities impacted by natural disasters, public health emergencies, incidents of mass violence or terrorism, and technological disasters.

Program Accomplishments

NDMS provides expert public health technical assistance before and during disasters, deploys federal medical professionals and equipment to augment local surge requirements, and supports public health recovery and mitigation. In FY 2025, NDMS has activated for nine (9) National Security Special Events (NSSEs) and four (4) disaster incidents, including the DCA plane crash, 2025 Palisades/Eaton Fire, Hurricane Erin, and the 2025 CDC Active Shooter. NDMS deployed nearly 1,150 response staff in support of the NSSEs alone. This emergency public health and medical response is the backbone of HHS's statutory ESF-8 life sustaining and lifesaving responsibilities.

Regional Response

NDMS conducted approximately 3,300 readiness and operational coordination activities in FY 2025, advancing preparedness and readiness at the SLTT level. RECs supported routine communication, including providing 59 notifications to jurisdictions related to HHS operations.

Readiness:

NDMS successfully executed funding to restore, maintain, and improve HHS's response caches, including modernizing supporting IT systems. NDMS enhanced HHS response capabilities by procurement of a state-of-the-art mobile veterinary vehicle; sustainment of twenty (20) Disaster Medical Assistance Team caches, two (2) Disaster Portable Morgue Units. one (1) Trauma Critical Care Team Cache, and one (1) National Veterinary Response Team Cache.

For over a decade, the HHS emPOWER Program's publicly accessible data and tools have advanced health security nationwide. In FY 2025, over 25,900 individuals used the HHS emPOWER Map[16], and partners accessed the HHS emPOWER REST Service[17] over 1.4 million times. This totals over 3.5 million de-identified data uses since the program's launch. Additionally, over 14,400 individuals accessed the HHS emPOWER Program Platform[18] and users downloaded informational resources over 4,400 times in FY 2025, including training and technical assistance[19], informational resources[20], and stories from the field via emPOWER in Action[21] with which to inform their state and local emergency management activities.

NDMS executed the Tranquil Passport full scale exercise in June 2025, review with HHS and other local,

[16] https://empowerprogram.hhs.gov/empowermap
[17] https://empowerprogram.hhs.gov/empower-rest.html
[18] https://empowerprogram.hhs.gov/index.html
[19] https://empowerprogram.hhs.gov/training.html
[20] https://empowerprogram.hhs.gov/resources.html
[21] https://empowerprogram.hhs.gov/in-action.html

state, federal, international, and nongovernmental partners the coordination and movement of a High Consequence Infectious Disease (HCID) patient cluster from Canada to the United States. Exercise participants included 60+ Federal, state, local, international, and nongovernmental partner organizations to include 28 international participants from 10 different countries.

Response: As of August 2025, NDMS executed the deployment of over 1,250 personnel in support of various emergency response, training, and special events.

During the 2025 California Wildfires, nearly 50 responders were activated in support public health and medical efforts. Along with that technical assistance, the Emergency Prescription Assistance Program (EPAP) was activated for those wildfire victims. In FY 2025 EPAP supported both California Wildfire response and continued to support recovery efforts around Hurricane Helene, with nearly 900 combined claims approaching $3 million in critical prescriptions dispensed.

Communities across the nation use emPOWER's restricted and secure data to advance national health security and conduct life-saving outreach. In FY 2025, PHA's used HHS emPOWER Emergency Response Outreach Datasets[22] in response to 26 events, including winter storms in Wisconsin and Missouri, hurricanes in Virginia and North Carolina, severe flooding in Texas, and wildfires in Oregon, Utah and California. During the January 2025 Palisades and Eaton wildfires, the Los Angeles County Department of Public Health provided emPOWER data to support outreach and assistance for over 5,700 at-risk beneficiaries, enabling the LA City Fire Department to integrate the data into their mapping system, conduct robodial outreach to electricity-dependent medical equipment providers, and supply critical information to disaster assistance centers and shelters to help restore health care services. Additionally, in March 2025, Wyoming Department of Health partnered with rural community first responders to conduct wellness checks on at-risk individuals during prolonged power outages.

In early 2025, 46 responders deployed in support to the DCA plane crash, which had 67 fatalities. Staff provided psychological aid, emotional support, and support services for over 400 family members at DCA and during a memorial visit to the crash site as well as the more than 300 emergency personnel who responded to this incident.

The Disaster Telemedicine Program deployed to St Croix in response to the cybersecurity incident on the hospital's information technology platforms. The Senior Medical Advisor provided medical expertise and an in-service to hospital staff on the DT telemedicine capabilities to complete 235 radiological reports.

NDMS activated DMAT and agency representatives for Hurricane Erin to support potential operations in US Virgin Islands and Puerto Rico and standby for additional requirements during the 2025 response season.

Beginning in July, Special Operations was activated in support of the Executive Order Task Forces in DC

[22] https://empowerprogram.hhs.gov/outreach-individual-dataset.html

and Memphis. Through December 31, 2025, those providers supported the President's efforts with over 700 medical law enforcement patient encounters.

Mitigation and Recovery

In FY 2025, ASPR led six (6) Health, Education, and Human Services Recovery Missions in Southeastern States. These six missions supported an aggregate of 250 counties, which included 54+ million individuals.

ASPR's Disaster Behavioral Health Program supported 18 Response events/missions and eight Recovery missions. Of the 18 Response events, eight were natural disaster-related, seven were incidents of mass violence, and three were mass casualty events. Over 753 meaningful encounters with disaster survivors and 4,232 meaningful encounters with responders. During the 2025 CDC Active Shooter response alone, there were 14,022 individual DBH encounters. These activities included behavioral health psychoeducation, Psychological First Aid, support through clinical augmentation, and force health protection activities.

Key Outputs and Outcomes
ASPR: National Disaster Medical Systems

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
1.3 Increase training and resources to address the access and functional needs of electricity and healthcare service-dependent at-risk individuals who live independently and are impacted by incidents, emergencies, and disasters (number of people trained) **(Intermediate Outcome)**	FY 2025: 1,478,355 Target: 200,000 trained (Target Exceeded)	200,000 trained	200,000 trained	Maintain
1.12 Maintain the percentage of NDMS response personnel who complete field medicine skills validation **(Intermediate Outcome)**	FY 2025: Set Baseline Target: Set Baseline	Set Baseline	Set Baseline	Maintain
1.13 Maintain the percentage of NDMS monthly rosters staffed with personnel from the parent team **(Intermediate Outcome)**	FY 2025: Set Baseline Target: Set Baseline	Set Baseline	Set Baseline	Maintain

Health Care Readiness and Recovery

Budget Summary
(Dollars in Millions)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Budget Authority	**305.055**	**307.055**	**29.774**	**-277.281**
Hospital Preparedness Program (HPP) Annual Cooperative Agreement (non-add)	*240.000*	*240.000*	*-*	*-240.000*
National Special Pathogen System (NSPS) (non-add)	*28.500*	*28.500*	*28.000*	*-0.500*
National Emerging Special Pathogens Training and Education Center (NETEC) (non-add)	*7.500*	*7.500*	*7.000*	*-0.500*
Regional Emerging Special Pathogen Treatment Centers (RESPTCs) (non-add)	*21.000*	*21.000*	*21.000*	*-*
Regional Disaster Health Response System Cooperative Agreement (RDHRS) (non-add)	*7.000*	*7.000*	*-*	*-7.000*
Cybersecurity and Infrastructure Protection (CIP) (non-add)	*1.774*	*1.774*	*1.774*	*-*
Trauma Care	*-*	*2.000*	*-*	*-2.000*
Other Programs (non-add)	*27.781*	*27.781*	*-*	*-27.781*
Health Care Readiness and Recovery Enabling Activities and Operations	*22.845*	*22.845*	*-*	*-22.845*
Technical Resources, Assistance Center, and Information Exchange (TRACIE)	*2.710*	*2.710*	*-*	*-2.710*
Community Mitigation & Recovery (CMR)	*2.226*	*2.226*	*-*	*-2.226*
FTE*	**37**	**37**	**37**	**-**

**The proposed ASPR Program Operations and Management (PMO) would support all ASPR Federal salaries and expenses except NDMS and HCRR.*

Authorizing Legislation:
Authorization: Public Health Service Act, Sec. 319C-2 (42 U.S.C. 247d-3b), Public Health Service Act, Title X, Parts A & C (42 U.S.C. 300d et seq.)
Allocation Method: Formula-based and competitively awarded cooperative agreements; direct federal/intramural; contracts

Program Description
Disasters and emergencies can cause the health care delivery system to face sudden, high demand that exceeds day-to-day capacity and strains the ability to provide quality care. Disasters rarely respect state lines, requiring coordinated national systems that eliminate silos between different types of health care organizations while facilitating collaboration to serve the national health security mission. The Health

Care Readiness and Recovery (HCRR) portfolio engages partners across states, localities, tribes, and territories, providing funding and leadership to improve the capability and capacity of the health care delivery system to efficiently and effectively prepare for and respond to disasters and emergencies. Additionally, this funding line supports health care readiness for special pathogens and strengthens health care and public health critical infrastructure resilience. This funding is critical to maintain capabilities and readiness for health care surge, high consequence infectious disease (HCID) threats, and recovery, enabling lifesaving care during catastrophic events within and across jurisdictional boundaries.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	$305,055,000
FY 2024 Final	$305,055,000
FY 2025 Final	$305,055,000
FY 2026 Enacted	$307,055,000
FY 2027 President's Budget	$29,774,000

Budget Request

The FY 2027 President's Budget request for Health Care Readiness and Recovery (HCRR) is $29,774,000, a decrease of $277,281,000 below FY 2026 Enacted. The Budget requests $28,000,000 for the National Special Pathogen System (NSPS), a national, tiered system of care for high consequence infectious diseases (HCIDs). This investment will maintain the NSPS, sustaining the nation's ability to prepare the nation's ability to prepare for and respond to HCIDs. Funding will support the NSPS to maintain its capacity to assess, standardize, and verify capabilities at each level, further formalizing the system of care. The request proposes to maintain funding for Cybersecurity and Infrastructure Protection (CIP) at $1,774,000. ASPR will support staff and expenses within these totals.

The FY 2027 budget does not include funding for the Hospital Preparedness Program (HPP) cooperative agreements, Regional Disaster Health Response System Cooperative Agreement (RDHRS), Trauma Care activities, Health Care Readiness and Recovery Enabling Activities and Operations, Community Mitigation and Recovery, and the Technical Resources, Assistance Center, and Information Exchange (TRACIE) program. The budget reprioritizes funding for critical preparedness and response capabilities.

Program Accomplishments

National Special Pathogen System (NSPS): National Emerging Special Pathogens Training and Education Center (NETEC)

The NSPS is a national, tiered System of Care – similar to the National Trauma Care System – with four facility levels that have increasing capabilities to care for patients that have suspected or confirmed high consequence infectious diseases (HCIDs). The National Emerging Special Pathogens Training and Education Center (NETEC) acts as the Coordinating Body for NSPS, providing services to facilities across the tiers and regularly serving as a special pathogen response advisor to the Secretary and the United States (U.S.) government.[23] NETEC provides critical support to states and localities in order to enhance the nation's health security. Funding for the NSPS is vital for the U.S. to prepare for outbreaks of HCID.

[23] NETEC is a consortium consisting of Emory University, the University of Nebraska Medical Center / Nebraska Medicine, and the New York City (NYC) Health + Hospitals / Bellevue.

NETEC advances a cohesive health care delivery response network nationwide. Through consultations, training and education, and partnership building across private and public organizations, NETEC has developed a sustainable infrastructure and culture of readiness throughout the NSPS. During recent outbreaks including H5N1, Argentine and Bolivian Hemorrhagic Fevers, Sudan Virus, and Nipah Virus, NETEC provided training materials, situational awareness, data-driven assistance, consultations, and recommendations on patient care to relevant health care entities, enabling high-quality, lifesaving special pathogen care for patients.

Additionally, NETEC connects health care entities with one another, engaging partners nationwide to strengthen state-level capabilities for special pathogen readiness. In FY 2025, NETEC organized a national tabletop exercise to test and improve preparedness ahead of the 2026 FIFA World Cup. NETEC brought together over 515 participants including representation from all 13 Regional Emerging Special Pathogen Treatment Centers (RESPTCs), health care departments, and Emergency Medical Services (EMS) to establish partnerships and identify and address gaps in regional testing capabilities. The exercise strengthened local, state, regional, and national readiness.

Most recently, NETEC released awards funding NSPS Level 2 health care facilities. As Coordinating Body, NETEC will support those Level 2 facilities to improve capabilities to deliver safe and specialized care for patients with HCIDs. Through these efforts, NETEC supports all levels of the NSPS to sustain readiness for HCIDs and other special pathogen threats. NETEC aims to expand and strengthen all tiers of the NSPS to protect our nation's health security.

NSPS: Regional Emerging Special Pathogen Treatment Centers (RESPTCs)

RESPTCs serve as regional "hubs" for special pathogen readiness in the U.S., proving care for individuals suspected of or infected by a special pathogen. RESPTCs have unique facility and clinical capabilities that are essential in providing timely, specialized care during regional and national special pathogen responses. For example, as of 2024, 100 percent of biocontainment units at the 13 RESPTCs are prepared to admit patients within eight hours or less.[24] As Level 1 facilities of the NSPS, RESPTCs work diligently to build cross-jurisdictional partnerships to streamline care delivery, disseminate information, and provide resources and other support to health care entities across their regions, including to less-resourced entities in rural and geographically isolated areas.

In preparation for the upcoming 2026 FIFA World Cup, RESPTCs participated in Tranquil Passport, a four-day, full-scale patient movement exercise to prepare for rapid response in the event of a HCID outbreak at the World Cup (separate from NETEC's 2026 FIFA World Cup national tabletop exercise). Tranquil Passport successfully validated RESPTCs' ability to receive patients transported via portable biocontainment unit, a new federal resource designed to safely transport patients with an HCID between locations without exposing responders to infection.[25] RESPTCs play a central and critical role in making the unit, a key federal investment, actionable and operational for the NSPS, allowing for continuous treatment of patients isolated in the unit until they can receive definitive care at an RESPTC.

NSPS: Special Pathogen Treatment Centers (SPTCs)

Recent responses to HCIDs have revealed persistent gaps in national readiness, particularly at the state and community level. In its role as the Coordinating Body, NETEC is addressing those gaps by awarding funds to formally establish and strengthen Level 2 of the system. Level 2 facilities of the NSPS, also known as Special Pathogen Treatment Centers (SPTCs), play a crucial role in outbreak response. These

[24] Emory University, University of Nebraska Medical Center, Nebraska Medicine, NYC Health + Hospitals, Bellevue. 2025. NETEC Annual Report FY2024.

[25] "New federal portable biocontainment unit (PBCU) put to the test in national health security exercise ahead of FIFA World Cup 2026." NETEC, https://netec.org/2025/06/25/press-release-new-federal-portable-biocontainment-unit-pbcu-put-to-the-test-in-national-health-security-exercise-ahead-of-fifa-world-cup-2026/.

facilities address gaps in care to alleviate health care surge across various regions. In October 2025, NETEC announced a $37.5 million grant initiative that will enable up to 75 health care facilities to grow and develop their capabilities and capacity for special pathogen preparedness and response. These Special Pathogen Treatment and Development (STAND) awards will support the facilities to provide wider coverage within state and local jurisdictions, assist rural areas, and decompress parts of the health care delivery system, such as RESPTCs, that may be strained. Selected facilities will receive up to $500,000 each to strengthen critical infrastructure, conduct in-depth staff training, and obtain specialized equipment consistent with NSPS Level 2 requirements. Furthermore, NETEC and the RESPTCs will also deliver expert technical assistance, training, and evaluation tools to support recipients prepare for and respond to special pathogens. This initiative aims to build resilience and improve and strengthen health care coverage across the United States.

Cybersecurity and Infrastructure Protection (CIP)

Between October 2024 and September 2025, CIP triaged 1,910 cybersecurity incidents and actively monitored 677 cybersecurity incidents with potential impacts to the sector and responded to many severe incidents including those impacting DaVita Dialysis, OneBlood, Kettering Health, the Juan F. Luis Hospital, and Covenant Health. In all significant cyber incidents, CIP rapidly engages key partners, informs the sector of protective and migration measures that can be taken, identifies available resources to mitigate impacts, and translates lessons learned into actionable steps that can be taken to bolster resiliency. In the past year, CIP has evolved our ability to identify cyber vulnerabilities and incidents with potential impacts to the sector, speeding up our response time, expanding our ability to work with the sector on mitigating vulnerabilities through increased cyber alerts, and better identifying threat actors and tactics impacting the sector. CIP released over 50 cyber bulletins in 2025 alerting the sector to the latest cyber news, vulnerabilities, and mitigation actions.

In 2025, CIP increased partner coordination within ASPR, across HHS, and the interagency to support cyber incident response bringing increased resources to HPH organizations suffering from cyber-attacks impacting patient care. CIP supported increased cyber resiliency through HPH cyber education opportunities in over 30 engagements, through ready-to-use training videos and materials, and by promoting the Healthcare and Public Health Cybersecurity Goals. CIP worked with industry to map critical healthcare systems, which is foundational work in identifying and prioritizing high-risk entities.

CIP leads risk assessment efforts for both cyber and physical security to identify areas to evolve guidance and increase the public health and medical disaster, including cybersecurity disaster, resilience of its FSLTT and private sector partners. CIP continues to improve the RISC 2.0 Toolkit[26] launched in 2024. This is a free, web-based tool, that directly and analytically assesses 67 risks that hospitals and clinics may face during steady state and response, including cyber, infrastructure, staff, and personnel. Results are used to mitigate vulnerabilities in advance, thereby reducing risk. In 2025, CIP developed a new cybersecurity module to address the growing cybersecurity risk to healthcare facilities. This module aligns with NIST CSF 2.0 and HPH Cybersecurity Performance Goals and will enable organizations to evaluate cyber readiness and strengthen health security. It will be released in 2026. As of December 2025, more than 3,400 healthcare organizations, including hospitals and clinics, used the assessment functions within the Tool. This represents approximately 50 percent of the hospital infrastructure nationwide, including several states who have mandated use of the tool for hospitals in the state. Some insurance companies have begun accepting use of the RISC 2.0 Tool by hospitals to identify facility as a basis for reducing insurance rates for hospitals, which putting money back into the facilities and is another demonstration of how the RISC 2.0 Tool is improving community resilience.

[26] https://aspr.hhs.gov/RISC/Pages/default.aspx

Department of Health and Human Services

Administration for Strategic Preparedness and Response

FY 2027 MANDATORY STATE/FORMULA GRANTS

CFDA NUMBER/PROGRAM NAME: 93.889 Hospital Preparedness Program

STATE/TERRITORY	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Alabama	$3,413,865	$3,413,865	$0	-$3,413,865
Alaska	$1,268,253	$1,268,253	$0	-$1,268,253
Arizona	$4,958,982	$4,958,982	$0	-$4,958,982
Arkansas	$2,321,931	$2,321,931	$0	-$2,321,931
California	$22,304,280	$22,304,280	$0	-$22,304,280
Chicago	$2,712,145	$2,712,145	$0	-$2,712,145
Colorado	$3,539,902	$3,539,902	$0	-$3,539,902
Connecticut	$2,284,812	$2,284,812	$0	-$2,284,812
Delaware	$1,257,521	$1,257,521	$0	-$1,257,521
District of Columbia	$1,263,516	$1,263,516	$0	-$1,263,516
Florida	$12,586,996	$12,586,996	$0	-$12,586,996
Georgia	$9,905,204	$9,905,204	$0	-$9,905,204
Hawaii	$1,390,649	$1,390,649	$0	-$1,390,649
Idaho	$1,541,104	$1,541,104	$0	-$1,541,104
Illinois	$8,606,364	$8,606,364	$0	-$8,606,364
Indiana	$4,084,591	$4,084,591	$0	-$4,084,591
Iowa	$2,154,781	$2,154,781	$0	-$2,154,781
Kansas	$2,090,435	$2,090,435	$0	-$2,090,435
Kentucky	$3,010,158	$3,010,158	$0	-$3,010,158
Los Angeles County	$8,766,368	$8,766,368	$0	-$8,766,368
Louisiana	$3,132,231	$3,132,231	$0	-$3,132,231
Maine	$1,281,557	$1,281,557	$0	-$1,281,557
Maryland	$5,822,228	$5,822,228	$0	-$5,822,228
Massachusetts	$3,938,782	$3,938,782	$0	-$3,938,782
Michigan	$5,592,328	$5,592,328	$0	-$5,592,328
Minnesota	$3,595,353	$3,595,353	$0	-$3,595,353
Mississippi	$2,177,270	$2,177,270	$0	-$2,177,270
Missouri	$3,828,634	$3,828,634	$0	-$3,828,634
Montana	$1,262,739	$1,262,739	$0	-$1,262,739
Nebraska	$1,553,266	$1,553,266	$0	-$1,553,266
Nevada	$3,116,807	$3,116,807	$0	-$3,116,807
New Hampshire	$1,269,923	$1,269,923	$0	-$1,269,923
New Jersey	$5,360,897	$5,360,897	$0	-$5,360,897
New Mexico	$1,723,841	$1,723,841	$0	-$1,723,841
New York	$10,078,641	$10,078,641	$0	-$10,078,641

STATE/TERRITORY	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
New York City	$7,189,115	$7,189,115	$0	-$7,189,115
North Carolina	$6,316,328	$6,316,328	$0	-$6,316,328
North Dakota	$1,197,667	$1,197,667	$0	-$1,197,667
Ohio	$6,765,558	$6,765,558	$0	-$6,765,558
Oklahoma	$2,786,893	$2,786,893	$0	-$2,786,893
Oregon	$2,757,478	$2,757,478	$0	-$2,757,478
Pennsylvania	$7,436,751	$7,436,751	$0	-$7,436,751
Rhode Island	$1,201,998	$1,201,998	$0	-$1,201,998
South Carolina	$3,484,346	$3,484,346	$0	-$3,484,346
South Dakota	$1,220,486	$1,220,486	$0	-$1,220,486
Tennessee	$4,233,618	$4,233,618	$0	-$4,233,618
Texas	$15,640,631	$15,640,631	$0	-$15,640,631
Utah	$2,284,796	$2,284,796	$0	-$2,284,796
Vermont	$1,198,280	$1,198,280	$0	-$1,198,280
Virginia	$7,842,002	$7,842,002	$0	-$7,842,002
Washington	$4,678,642	$4,678,642	$0	-$4,678,642
West Virginia	$1,414,238	$1,414,238	$0	-$1,414,238
Wisconsin	$3,404,565	$3,404,565	$0	-$3,404,565
Wyoming	$1,196,404	$1,196,404	$0	-$1,196,404
Subtotal	**$235,446,150**	**$235,446,150**	**$0**	**-$235,446,150**
American Samoa	$284,919	$284,919	$0	-$284,919
Guam	$363,663	$363,663	$0	-$363,663
Marshall Islands	$269,576	$269,576	$0	-$269,576
Micronesia	$298,716	$298,716	$0	-$298,716
Northern Mariana Islands	$286,419	$286,419	$0	-$286,419
Palau	$258,519	$258,519	$0	-$258,519
Puerto Rico	$2,482,304	$2,482,304	$0	-$2,482,304
Virgin Islands	$309,734	$309,734	$0	-$309,734
Subtotal	**$4,553,850**	**$4,553,850**	**$0**	**-$4,553,850**
Total States/Territories	**$240,000,000**	**$240,000,000**	**$0**	**-$240,000,000**
Technical Assistance				
State Penalties				
Contingency Fund				
Other Adjustments (specify)				
Subtotal Adjustments				
TOTAL RESOURCES	**$240,000,000**	**$240,000,000**	**$0**	**-$240,000,000**

Note: FY 2026 award amounts are estimated.

Hospital Preparedness Program (HPP) Grant Awards Tables			
	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Number of Awards	62	62	0
Average Award	$3,840,968	$3,870,968	$0
Range of Awards	$258,519 - $22,304,280	$258,519 - $22,304,280	$0
Note: FY 2026 Range of Awards is estimated.			

National Emerging Special Pathogens Training and Education Center (NETEC) Grant Awards Tables			
	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Number of Awards	1	1	1
Average Award	$7,500,000	$7,500,000	$7,000,000
Range of Awards	$7,500,000	$7,500,000	$7,000,000
Note: FY 2026 Range of Awards is estimated.			

Regional Emerging Special Pathogen Treatment Center (RESPTC) Grant Awards Tables			
	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Number of Awards	13	13	13
Average Award	$1,615,384	$1,615,384	$1,615,384
Range of Awards	$1,615,384	$1,615,384	$1,615,384
Note: FY 2026 Range of Awards is estimated.			

Regional Disaster Health Response System (RDHRS) Grant Awards Tables			
	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Number of Awards	4	4	0
Average Award	$1,000,000	$1,500,000	$0
Range of Awards	$1,000,000	$1,500,000	$0
Note: FY 2026 Range of Awards is estimated.			

Program Management and Operations

Budget Summary
(Dollars in Millions)

	FY 2025 Final**	FY 2026 Enacted**	FY 2027 President's Budget*	FY 2027 +/- FY 2026
Budget Authority	**-**	**-**	**289.800**	**-**
National Special Security Events (NSSE) (non-add)	*5.000*	*5.000*	*15.000*	*+10.000*
BARDA Federal Salaries and Expenses (non-add)	*105.651*	*105.651*	*105.651*	*-*
SNS Federal Salaries and Expenses (non-add)	*61.811*	*61.811*	*61.811*	*-*
Pandemic Preparedness and Biodefense Federal Salaries and Expenses (non-add)	*7.593*	*7.593*	*7.593*	*-*
FTE	**734**	**734**	**734**	**-**

**The Program Management and Operations line consolidates prior accounts for Preparedness and Emergency Operations, Operations, and Policy and Planning, which totaled $80.407 million in FY 2026. In addition, the Program Management and Operations line will fund all Federal salaries and expenses for ASPR programs, except NDMS and HCRR.*
***FY 2025 Final and FY 2026 Enacted federal salaries and expenses and FTE for NSSE, BARDA/SNS/Pandemic Preparedness and Biodefense are displayed comparably to the FY 2027 President's Budget.*

Authorizing Legislation:
Authorization: Public Health Service Act; Public Health Service Act, Sec. 2811 42 U.S.C. 300hh-10
Authorization Status: Indefinite
Allocation Method: Direct Federal/Intramural, Contracts

Program Description

The ASPR's mission is to strengthen national security by preparing for, responding to, and recovering from disasters and public health emergencies. ASPR's Program Management and Operations (PMO) fund provides Federal salaries/benefits and central cost funding for all ASPR programs, except the National Disaster Medical System (NDMS) and Health Care Readiness and Recovery (HCRR), to ensure that the programs and initiatives within ASPR support efforts to successfully meet the critical mission to protect and save lives before, during, and after public health and medical emergencies. Consolidation supports increased oversight and coordination of these activities.

In addition, PMO supports: the advancement of policy priorities across the intra- and inter-agency; provides chemical, biological, radiological, and nuclear (CBRN) leadership and expertise; coordinates the development of biosafety and biosecurity policies to address emerging risks; guides the nation's medical countermeasures (MCM) portfolio to ensure resources address emerging threats; develops the National Health Security Strategy (NHSS), maintains critical HHS preparedness and response assets, including the Secretary's Operation Center (SOC) and HHS Continuity program; and, supports management of

financial resources; monitors performance and risk management to drive improvement across the organization.

Funding History	
Fiscal Year	**Amount**
FY 2023 Final	-
FY 2024 Final	-
FY 2025 Final	-
FY 2026 Enacted	-
FY 2027 President's Budget	$289,800,000

Budget Request
The FY 2027 President's Budget request for Program Management and Operations (PMO) is $289,800,000, which is a new budget line proposed in FY 2027. The budget proposes an increase of $10 million for the National Special Security Events (NSSE) to support ASPR's growing needs, including the upcoming World Cup and Olympics ($15 million total). The PMO will fund Federal salaries and benefits as well as other central costs associated with the ASPR programs, except NDMS and HCRR. The fund includes the programs and activities previously funded by the Operations, Policy and Planning, and Preparedness and Emergency Operations budget lines within ASPR. This funding has two-year availability, except for the NSSE funding, which has three-year availability

Program Accomplishments
ASPR Management
The PMO supports management services and business activities that enable programs to carry out their missions. ASPR continually seeks to improve business operations for maximum return on investment, to strengthen management practices, provide innovative technology solutions, and to create a more nimble and flexible organization.

ASPR utilizes best practices for financial management that align to strategic priorities and reflect a multiyear approach in measured financial performance. ASPR places emphasis on best value to taxpayers through effective and efficient business practices and partnerships. This is accomplished by working with programs early in the program management lifecycle to synchronize efforts, support efficiencies, and reduce duplication of investment.

National Health Security Strategy (NHSS)
ASPR leads the congressionally-mandated quadrennial NHSS, which represents HHS's prospective approach for achieving national health security. The NHSS offers an assessment of current and emerging health security threats and discusses challenges, opportunities, and gaps in public health and medical capabilities and infrastructure. The impact of the current 2023-2026 NHSS has been assessed since 2023 to inform development of the new 2027-2030 Strategy, which will provide actions to improve readiness and adapt operational capabilities to protect the nation from the health effects of multiple threats.

Public Health Emergency Medical Countermeasures Enterprise (PHEMCE)
PHEMCE led the development of the 2024 PHEMCE Strategy and Implementation Plan (released September 2024), the PHEMCE Multi-year Budget (transmitted to Congress in March 2024), and the Medical Countermeasures Preparedness Review (MCMPR) Report, a threat-based review of the contents of the Strategic National Stockpile (SNS) that includes expanded reporting on broader MCM-related capabilities (transmitted to Congress in April 2024). These assessments and reviews support transparency of investments in research, development, procurement, and stockpiling of MCMs. PHEMCE also held 15

engagements with relevant non-federal PHEMCE partners, which increased transparency into PHEMCE operations, collected lessons learned, and identified opportunities to improve collaboration.

Requirements

ASPR develops health consequence modeling that follows DHS risk and material threat assessments and determinations. This process contemplates all potential scenarios and provides options for procurements and specifications for MCM research and development. In 2025, ASPR completed a gap analysis to review all 76 previously established requirements for validity and whether they remained accurate, up-to-date, and applicable to the pertinent threats and the new threat landscape. In addition, ASPR drafted requirements for MCMs to treat antimicrobial resistance in patients exposed to terrorist weapons of mass destruction, opioids attacks, and anthrax.

Secretary's Operation Center

ASPR leads and supports numerous efforts to prepare for, respond to, and recover from the impacts of public health emergencies and disasters. The HHS Secretary's Operation Center (SOC) via its Watch Officers support operational coordination, 24/7 situational awareness, and communications across HHS. In FY25 the SOC sent approximately 2,000 notifications that included 927 public health and medical notifications and 1,057 cyber related incident reports to thousands of HHS and interagency emergency managers and decision makers, enabling early intervention and the effective deployment of HHS personnel and assets to support State, Local, Tribal, and Territorial (SLTT) response efforts.

In addition to emerging incidents like hurricanes, floods, wildfires, virus outbreaks, and cyber-attacks, ASPR has also supported declared and non-declared public health emergencies, such as National Special Security Events (NSSEs). Some of these NSSEs, like the State of the Union, require Continuity of Operations (COOP) and Continuity of Government (COG) support as well as increased HHS SOC monitoring. From October 2024 to October 2025, the HHS SOC has been activated 52 days to support 18 incidents (six tropical systems, three severe weather events, one flood, one earthquake, one aircraft crash, CDC active shooter, four virus outbreaks, one period of heightened vigilance surrounding 2024 election certification). The HHS SOC has successfully coordinated ASPR Incident Support Team (IST) activities for nine NSSEs, including the Presidential Inauguration, the Army 250th Birthday Parade, State of the Union, United Nationals General Assembly, National Independence Day, and several others. Finally, the SOC monitored, tracked and disseminated information across HHS on virus outbreaks of the Ebola Virus (DRC), Sudan Virus (Uganda) and Marburg Virus (Tanzania and Ethiopia) to ensure situational awareness and readiness to respond to the potential of an imported domestic case of a highly pathogenic disease.

Information Management, Data, Analytics, and Intelligence

ASPR serves as the central hub for data management, operational data and geospatial analytics, information collection, and reporting across the agency, particularly during public health emergencies and NSSEs. In FY 2025, ASPR accelerated the development of the Response Data Ecosystem (RDE) to continue data modernization efforts. The RDE is a unified environment that consolidates data flows, strengthens interoperability, and ensures that decision-makers at every level have access to reliable, real-time information during public health emergencies. The ASPR Ready and Healthcare Partner Ordering Portal (HPOP) systems were decommissioned and similar enhanced capabilities were integrated into the Response Data Ecosystem. This strategic consolidation ensured mission continuity while providing ASPR with a scalable and flexible platform to support integrated emergency response capabilities in an increasingly complex threat environment. By harnessing data across the organization, ASPR is better equipped to prepare for, respond to, and recover from future public health emergencies and disasters. The next phase of implementation will focus on continued modernization, enhanced integration, and improved interoperability across additional ASPR data systems.

ASPR's Geospatial Information System (GIS) Program delivers cutting-edge tools, seamless data integration, and advanced geospatial analysis to safeguard public health and promote community resilience. The functionalities enable ASPR, its partners, and stakeholders with advanced geospatial tools and insights that reveal spatial trends and patterns not visible through traditional data analysis. These critical insights are uncovered by custom maps, interactive dashboards, and expert consultation which can transform data into actionable solutions for data-driven decision making.

Continuity Programs

In accordance with Presidential and Federal directives and supported by Departmental policy, ASPR ensures the Department's Primary Mission Essential Functions continue, regardless of threat or condition, and with the understanding that adequate warning may not be available. ASPR serves the Secretary and the Department's Operating Divisions and Offices through management of the COOP, COG and Continuity of the Presidency (COP) programs. This leadership provides HHS with a unified program integrated into daily operations.

In this role, ASPR ensures daily training and drills for members with mission critical skills. On an annual basis, ASPR develops and facilitates several continuity-focused testing, training, and exercise events to strengthen and assess the HHS Continuity program.

Personnel Security and Vetting Operations

ASPR tracks and manages over national security and public trust clearances, maintains accountability for all ASPR personnel enrolled in continuous vetting (CV), and requires the services of a Special Security Officer (SSO) and other Federal Personnel Security Specialists to manage ASPR's classified spaces.

In FY 2025, ASPR processed more than 300 request packages for initial investigations and reinvestigations, and more than 700 security badge requests. ASPR is finalizing the design phase with interagency partners to construct a new Sensitive Compartmented Information Facility (SCIF), allowing authorized ASPR personnel to access and collaborate on classified information and analysis. In FY 2026, ASPR expects personnel security operations to continue expanding to meet the personnel security process activities necessary to secure ASPR's assets.

Implementing and Managing the Preparedness Cycle

To manage essential preparedness efforts and ensure readiness to respond and improve future responses, ASPR utilizes the preparedness cycle: Plan, Organize and Equip, Train, Exercise, and Apply Corrective Actions.

In FY 2025, ASPR led the execution of the Tranquil Passport Full-Scale Exercise, an exercise testing coordinated patient movement of high consequence infectious disease patients. Tranquil Passport involved over 1,000 personnel from more than 70 federal, state, local, international, and nongovernmental organizations, with exercise play occurring at airfields, hospitals, and emergency operations centers across five U.S. cities (Washington, DC; Baltimore; New York, Raleigh, and Atlanta) and one international city (Toronto, Canada). The four-day exercise tested existing plans, processes, procedures, authorities, and capabilities of HHS and other partners. ASPR also supported planning across USG, representing HHS and Emergency Support Function (ESF)-8 in White House exercises designed to prepare senior officials for significant and complex events. Additionally, ASPR coordinated planning within HHS and ASPR to ensure readiness for the 2025 response season.

ASPR collected lessons learned, best practices, and areas for improvement from these exercises and from real-world deployments. ASPR has conducted over 100 hotwashes and interviews to create reports for ten ASPR missions in 2025 thus far: 2024 Hurricane Season, 2024-2025 Recovery Missions, President Carter Lying in State, Presidential Inauguration, Southern California Wildfires, National Capital Region Aircraft

Collision, Peace Officer's Memorial, Presidential Address to the Joint Session of Congress, Army 250th Birthday Parade, USVI Cyber Incident. Finally, ASPR coordinated in-depth evaluations to meet program and cooperative agreement requirements within the office, as well as producing annual Evidence Act reports as requested.

ASPR delivered mission-critical results that strengthened HHS preparedness and operational readiness despite shifting priorities, constrained resources, and externally driven demands. ASPR led foundational, multi-year planning efforts central to the Department's response mission, including adjudication and analysis of more than 80 GAO reports, after-action reports, and lessons learned to advance development of the ASPR Incident Response Appendix (IRA). ASPR advanced the federally mandated Pandemic and Infectious Diseases (PID) Annex to approximately 70 percent completion, developed the ASPR Pandemic Response Decision Support Architecture, National and HHS Preparedness Strategies, and the HHS All-Hazards Plan refresh to align with Administration priorities. Operationally, ASPR planners sustained a high tempo, producing daily incident support plans within 24-hour cycles, completing daily tasking updates for 22 national support plans, and delivering 33 planning products and seven consequence-management facilitated discussions in support of 10 national events and seven ESF #8 responses, including multiple NSSEs, major exercises, natural disasters, and a public health emergency.

Key Outputs and Outcomes
ASPR: Program Management and Operations (PMO)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
2.4.20 Increase actions that strengthen health security, including recommendations, coordination, guidance, strategies, and stakeholder engagements (Intermediate Outcome)	FY 2025: 24 Target: 20 coordination actions (Target Exceeded)	28 coordination actions	Prior Result +2 coordination actions	+2
2.4.21 Increase the number of engagements with relevant non-federal Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) partners in accordance with the current PHEMCE Strategy and Implementation Plan (Outcome)	FY 2025: 15 Target: 15 engagements (Target Met)	15 engagements	15 engagements	Maintain
2.4.22 Increase the number of capability-based requirements with updated HHS Target Capabilities (Output)	FY 2025: 68 Target: 68 requirements (Target Met)	68 requirements	68 requirements	Maintain

Section III: SUPPLEMENTARY TABLES

Budget By Object Class

(Dollars in Millions)

Object Class Code	Description	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2026 +/- FY 2025
11.1	Full-time permanent	136.681	138.048	139.000	-2.319
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	22.214	22.437	21.000	+1.214
Subtotal	***Personnel Compensation***	**158.895**	**160.485**	**160.000**	**-1.105**
12.1	Civilian personnel benefits	43.737	44.175	43.000	+0.737
12.2	Military benefits	7.109	7.180	7.000	+0.109
13.0	Benefits for former personnel	65	-	-	-
Total	***Pay Costs***	**209.741**	**211.840**	**210.000**	**-0.259**
21.0	Travel and transportation of persons	1.000	1.000	1.000	-
22.0	Transportation of things			36.000	-36.000
23.1	Rental payments to GSA	36.000	36.000	3.000	-33.000
23.1	Rental payments to Others			1.000	-1.000
23.3	Communications, utilities, and misc. charges	-	-	-	-
24.0	Printing and reproduction	0.100	0.100	-	- 0.100
25.1	Advisory and assistance services	700.000	700.000	828.000	-128.000
25.2	Other services from non-Federal sources		65.000	307.000	-307.000
25.3	Other goods and services from Federal sources	1,992.000	1,992.000	459.070	-1,532.930
25.4	Operation and maintenance of facilities	-	-	34.000	+34.000
25.5	Research and development contracts	406.855	404.757	320.000	-86.855
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	-	-	34.000	-34.000
25.8	Subsistence and support of persons	-	-	-	-
26.0	Supplies and materials	1.800	1.800	1.800	-
31.0	Equipment	3,322	3,357	3,225	-132
32.0	Land and Structures	1.800	1.800	1.800	-
41.0	Grants, subsidies, and contributions	280.100	280.100	2.000	-278.100
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Financial Transfers/Refunds	-	-	-	-
Total	***Non-Pay Costs***	**3,417.852**	**3,480.764**	**3,127.071**	**-590.789**
Total	**Budget Authority by Object Class**	**3,627.597**	**3,692.597**	**3,337.069**	**-355.528**

Detail of Full-Time Equivalent Employment (FTE)

Detail	FY 2025 Final Civilian	FY 2025 Final Military	FY 2025 Total	FY 2026 Est. Civilian	FY 2026 Est. Military	FY 2026 Est. Total	FY 2027 Est. Civilian	FY 2027 Est. Military	FY 2027 Est. Total
Program Management and Operations	-	-	-	-	-	-	-	-	-
Direct:	-	-	-	-	-	-	655	53	708
Reimbursable:	-	-	-	-	-	-	26	-	26
Total:	-	-	-	-	-	-	681	53	734
Biomedical Advanced Research and Development Authority (BARDA)	-	-	-	-	-	-	-	-	-
Direct:	260	8	268	260	8	268	-	-	-
Reimbursable:			0			0	-	-	-
Total:	260	8	268	260	8	268	-	-	-
Project BioShield (PBS)	-	-	-	-	-	-	-	-	-
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Pandemic Influenza	-	-	-	-	-	-	-	-	-
Direct:	-	-	-	-	-	-	-	-	-
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	-	-	-	-	-	-	-	-	-
Pandemic Preparedness and Biodefense	-	-	-	-	-	-	-	-	-
Direct:	23	2	25	23	2	25	-	-	-
Reimbursable:							-	-	-
Total:	23	2	25	23	2	25	-	-	-
Strategic National Stockpile (SNS)	-	-	-	-	-	-	-	-	-
Direct:	167	14	181	167	14	181	-	-	-
Reimbursable:			0			0	-	-	-
Total:	167	14	181	167	14	181	-	-	-
Operations	-	-	-	-	-	-	-	-	-
Direct:	94	4	98	94	4	98	-	-	-
Reimbursable:	26		26	26		26	-	-	-
Total:	120	4	124	120	4	124	-	-	-

Policy and Planning	-	-	-	-	-	-	-	-	-
Direct:	33	4	37	33	4	37	-	-	-
Reimbursable:							-	-	-
Total:	33	4	37	33	4	37	-	-	-
Preparedness and Emergency Operations	-	-	-	-	-	-	-	-	-
Direct:	45	9	54	69	19	88	-	-	-
Reimbursable:							-	-	-
Total:	45	9	54	69	19	88	-	-	-
National Disaster Medical System (NDMS)									
Direct:	129	50	179	129	50	179	129	50	179
Reimbursable:									0
Total:	129	50	179	129	50	179	129	50	179
Health Care Readiness and Recovery									
Direct:	28	9	37	28	9	37	28	9	37
Reimbursable:									0
Total:	28	9	37	28	9	37	28	9	37
Medical Reserve Corps									
Direct:	9	2	11	9	2	11			
Reimbursable:									
Total:	9	2	11	9	2	11			
HHS Coordination Operations and Response Element									
Direct:	24	10	34						
Reimbursable:									
Total:	24	10	34						
ASPR FTE Total	**838**	**112**	**950**	**838**	**112**	**950**	**838**	**112**	**950**

Detail of Positions

Details	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	1	1	1
Executive level V	-	-	-
Subtotal Executive Level Positions	**1**	**1**	**1**
Total - Exec. Level Salaries	225,700	225,700	225,700
-	-	-	-
ES-6	-	-	-
ES-5	-	-	-
ES-4	2	2	2
ES-3	6	6	6
ES-2	11	11	11
ES-1	-	-	-
Subtotal ES positions	**19**	**19**	**19**
Total - ES Salary	4,118,100	4,118,100	4,118,100
-	-	-	-
GS-15	192	192	192
GS-14	275	275	275
GS-13	253	253	253
GS-12	62	62	62
GS-11	25	25	25
GS-10	-	-	-
GS-9	5	5	5
GS-8	-	-	-
GS-7	6	6	6
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	**818**	**818**	**818**
Total - GS Salary	127,019,164	127,019,164	127,019,164
Average ES level	**2**	**2**	**2**
Average ES salary	207,500	207,500	207,500
Average GS grade	**14**	**14**	**13**
Average GS salary	163,104	163,104	163,104

All Purpose Table: Not Comparably Adjusted

Table provided for Committee reference only.

(Dollars in Millions)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	$	FTE	$	FTE	$	FTE	$	FTE
Biomedical Advanced Research and Development Authority (BARDA) /1,2	1,015.000	268	1,050.000	268	654.411	-	-395.589	*-268*
Project BioShield	825.000	-	850.000	-	725.000	-	-125.000	-
Pandemic Influenza/5	307.991	-	307.991	-	307.991	-	-	-
No-Year Pandemic Influenza (non-add)	*280.000*	-	*280.000*	-	*280.000*	-	-	-
Annual Pandemic Influenza (non-add)	*27.991*	-	*27.991*	-	*27.991*	-	-	-
Strategic National Stockpile /1,3	980.000	181	1,000.000	181	938.189	-	-61.811	*-181*
Pandemic Preparedness and Biodefense /1,4	10.000	25	10.000	25	327.000	-	+317.000	*-25*
Program Management and Operations (PMO) /1	-	-	-	-	289.800	734	+289.800	*734*
National Special Security Events (NSSE) (non-add)	*5.000*	-	-	-	*15.000*	-	*+15.000*	-
Preparedness and Emergency Operations	31.154	54	31.154	88	-	-	-31.154	*-88*
National Special Security Events (NSSE) (non-add)	*5.000*	-	*5.000*	-	-	-	*-5.000*	-
Operations	34.376	124	34.376	124	-	-	-34.376	*-124*
Policy and Planning	14.877	37	14.887	37	-	-	-14.887	*-37*
National Disaster Medical System (NDMS)	78.904	179	76.904	179	64.904	179	-12.000	-
Mission Zero (non-add)	4.000	-	*4.000*	-	-	-	*-4.000*	-
Public Health Preparedness Equipment (non-add)	2.000	-	-	-	-	-	-	-
Pediatric Disaster Care (non-add)	7.000	-	*7.000*	-	*7.000*	-	-	-
Health Care Readiness and Recovery	305.055	37	307.055	37	29.774	37	-277.281	-
National Special Pathogen System (non-add)	28.500	-	*28.500*	-	*28.000*	-	*-0.500*	-
NETEC (non-add)	7.500	-	*7.500*	-	*7.000*	-	*-0.500*	-
RESPTCs (non-add)	21.000	-	*21.000*	-	*21.000*	-	-	-
HPP Cooperative Agreements (non-add)	240.000	-	*240.000*	-	-	-	*-240.000*	-
RDHRS (non-add)	7.000	-	*7.000*	-	-	-	*-7.000*	-
Cybersecurity and Infrastructure Protection (CIP)	1.774	-	*1.774*	-	*1.774*	-	-	-
Other Program Costs (non-add)	29.555	-	*29.555*	-	-	-	*-29.555*	-
Medical Reserve Corps	6.240	11	6.240	11	-	-	-6.240	*-11*
HHS Coordination Operations and Response Element	15.000	34	-	-	-	-	-	-
Preparedness and Response Innovation	4.000	-	4.000	-	-	-	-4.000	-
Total, ASPR Discretionary Budget Authority	**3,627.597**	**950**	**3,692.597**	**950**	**3,337.069**	**950**	**-355.528**	**--**

[1] The 2027 Budget consolidates most of ASPR's Federal salary and expenses into the Program Management and Operations (PMO) line, including those costs for BARDA, SNS, and Pandemic Preparedness and Biodefense. PMO allocations represent the current estimates, which may be changed based on ASPR leadership decisions.

[2] In the 2027 Budget, an estimated $106 million from PMO is allocated to BARDA Federal salaries and expenses.

[3] In the 2027 Budget, an estimated $62 million from PMO is allocated to SNS Federal salaries and expenses.

[4] In the 2027 Budget, an estimated $8 million from PMO is allocated to Pandemic Preparedness and Biodefense Federal salaries and expenses.

[5] The FY 2025 column is comparably adjusted to remove $7.009 in budget authority that was directed to the Office of Global Affairs.

Programs Proposed for Elimination

- Medical Reserve Corps (MRC)
  - FY 2026 Funding Level: $6.240 million
  - Program Description: The MRC program is a national network of over 300,000 volunteers organized into approximately 750 community-based units, which support local emergency response capabilities.
  - Rationale for Elimination: The request proposes to sunset the MRC program, which is duplicative of some activities of ASPR's National Disaster Medical System, and re-directs resources to the highest ASPR priorities.

- Preparedness and Response Innovation (PRI)
  - FY 2026 Funding Level: $4 million
  - Program Description: The PRI program was designed to develop, prototype, and procure health security products, technologies, and innovations.
  - Rationale for Elimination: The request proposes to sunset the PRI program. The PRI program has achieved many of its original goals and ASPR will re-direct resources to the highest priorities.

- Hospital Preparedness Program (HPP)
  - FY 2026 Funding Level: $240 million
  - Program Description: ASPR's HPP provides cooperative agreements to states, territories, and eligible metropolitan areas to fund the capacity of the health care system to plan for and respond to large-scale emergencies and disasters.
  - Rationale for Elimination: The request proposes to sunset the HPP cooperative agreements, which has assisted states for more than 20 years. States can continue supporting these activities with their resources.

Section IV: PROPOSED LAW

1. Domestic Construction Authority
   This proposal provides the authority to support construction and alteration of non-federally owned facilities, as needed, to support medical countermeasure (MCM) requirements.

2. PHEMCE Multiyear Budget (MYB) Timing
   This proposal recommends modifying Section 2811(b)(7) of the Public Health Service Act (42 U.S.C § 300hh–10(b)(7)) to change the deadline for the PHEMCE Multiyear Budget to within 90 days of the release of the President's Budget. The proposal changes timing from every year to every two years.

3. Reimbursement of ESF-8 Activities and Subtasking Authority
   This proposal recommends modifying Section 2811 of the Public Health Service Act to permit ASPR with the authority to subtask HHS and interagency partners for critical components of ESF-8 response missions.

4. Update the Timing of the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Strategy and the PHEMCE Implementation Plan
   This proposal recommends modifying reporting requirements to decouple the PHEMCE Strategy and Implementation Plan, changing the frequency of each congressional deliverable so that the PHEMCE Strategy is released on a quadrennial cycle, with additional updates as needed, and the PHEMCE Implementation Plan released biennially.

5. Extension of National Disaster Medical System Direct Hire Authority
   This proposal recommends extending the National Disaster Medical System (NDMS) direct hire authority to be permanent.

6. Codify Preparedness and Response Requirements Oversight Council (PRROC)
   This proposal recommends codify the Department of Health and Human Services' (HHS) emergency response capabilities-based requirements program and the Preparedness and Response Requirements Oversight Council (PRROC).

7. Revise the Default Termination Mechanism for Specific Federal Advisory Committees
   This proposal recommends modifying sections 2811A, 2811B, and 2811C of the Public Health Service (PHS) Act, 42 U.S.C. 300hh-10b, -10c and -10d, to extend the current termination dates for all three federal advisory committees to September 30, 2026, and add language that allows the HHS Secretary to extend all the committees for additional five-year periods as needed.

8. Overtime Pay and Danger Pay during PHE
   This proposal recommends administrative flexibility during public health emergencies. Specifically:
   - Overtime Pay Cap Waiver: Authority for the Secretary to waive the annual and bi-weekly statutory pay caps on aggregate basic and premium pay during public health emergencies.
   - Danger Pay: Authority to allow HHS to provide danger pay to any employee who is serving in a foreign area deemed to threaten physical harm or imminent danger to the health and well-being of the employee.

9. Other Transaction Authority for Project BioShield
   This proposal would expand the existing authority for Other Transaction Authority (OTA) under Section 2811 of the Public Health Service Act to include BARDA mission spaces (Project BioShield).

10. Modify Length of Temporary Reassignment Authority
    This proposal would extend the length of time that state and local personnel can be temporarily reassigned to support a public health emergency (PHE) response from 30 days to 90 days.